## CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned MAY - 3 PM 12: 43 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

STATE OF IDAHO

NOTE: See instructions on revolus prints	<b>-</b>
The assumed business name which the undersign	ned use(s) in the transaction of
· · · · · · · · · · · · · · · · · · ·	
pusitess is.	Dair
Shane's Appliance Rep	917
	- with an individual(s) doing
2. The true name(s) and business address(es) of the	e entity or individual(s) doing
business under the assumed business name:	
Name	Complete Address
Shane patrick Hill 30	& E 48 th. RNISCIJO
Shane pairies fill Jo	83714
	8 7 7 1
3. The general type of business transacted under the	e assumed business name is:
3. The general type of business transacted under the	
Potail Trade Transportation and F	Public Utilities
ir Relaii Hado —	
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
	Assumed Business
Mandadaming	Name and <b>\$25.00</b> fee to:
Finance, Insurance, and Real Estate	
	Secretary of State
4. The name and address to which future	700 West Jefferson
correspondence should be addressed:	Basement West
0 44	PO Box 83720
Shane P- Mill	Boise ID 83720-0080
Shane P-Hill P.O. RN 1441, Eggle FD	208 334-2301
	200 00 1 ===
<u>736/4</u>	The state of the s
<ol><li>Name and address for this acknowledgment</li></ol>	Phone number (optional):
5. Name and address for this acknowledgment	
copy is (if other than # 4 above):	
	Secretary of State use only
Signature: Signature required)	IDAHO SECRETARY OF STATE 05/03/2004 05:00
Signature: <u>Shane Pi Hill</u> was a supplemental by the supplemental	CK: 16782 CT: 158010 BH: 742884
Signature:	1 @ 25.90 = 25.90 ASSUM NAME # 2
Capacity/Title: Owner	· Acari
Oup and the second seco	1 15/26/1