

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE
01 SEP -6 AM 9:50
SECRETARY OF STATE
STATE OF IDAHO

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

SMP a partnership

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name

Complete Address

~~Bud Standley~~ ^{STRADLEY}
Doug McCoy
Teresa McCoy

1646 ELDRIDGE AVENUE TWIN FALLS IDAHO 83301
1646 ELDRIDGE AVENUE TWIN FALLS IDAHO 83301
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3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Finance, Insurance, Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

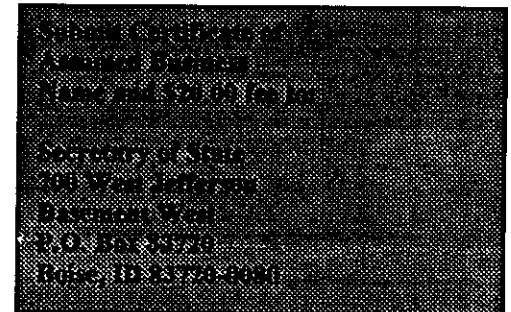
4. The name and address to which future correspondence should be addressed:

1646 ELDRIDGE AVENUE TWIN FALLS IDAHO 83301

5. Name and address for this acknowledgement copy is (if other than #4 above):

Signature: Teresa McCoy
Printed Name: Teresa McCoy
Capacity: _____

(See instruction #8 on back of form)



Secretary of State use only

IDAHO SECRETARY OF STATE
09/06/2001 05:00
CK: 46275 CT: 1874 DN: 417724
1 @ 20.00 = 20.00 ASSUM NAME # 2

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