

227



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2008 JAN 15 PM 4:09

SECRETARY OF STATE
STATE OF IDAHO

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

The Carlson Group

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

Name

Solon Carlson

Complete Address

2209 Manitou Ave., Boise, ID 83706

3. The general type of business transacted under the assumed business name is:

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

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

Solon Carlson

2209 Manitou Ave.

Boise, ID 83706

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Signature: _____

Printed Name: _____

Capacity/Title: _____

(see instruction # 8 on back of form)

Secretary of State use only

D118270

IDAHO SECRETARY OF STATE
01/15/2008 05:00
CK: 1422982 CT: 172899 BH: 1894871
1 @ 25.00 = 25.00 ASSUM NAME # 2

227



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE
2008 JAN 15 PM 4:08
SECRETARY OF STATE
STATE OF IDAHO

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

SOUTH HILL FURNITURE

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

Name

SHELMAN FURNITURE LLC

W 70336

Complete Address

7219 MAIN ST, BONNERS FERRY, ID 83805

PO BOX 14, BONNERS FERRY, ID 83805

3. The general type of business transacted under the assumed business name is:

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

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

ROBERT SHELMAN

PO BOX 14

BONNERS FERRY, ID 83805

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Signature: Robert Shelman

(signature required)

Printed Name: ROBERT SHELMAN

Capacity/Title: MANAGER

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE
01/15/2008 05:00
CK: 1422929 CT: 172899 BH: 1894869
1 @ 25.00 = 25.00 ASSUM NAME # 2

D118269