

CERTIFICATE OF

rursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 3 APR 2 31



NOTE: See instructions on reverse before filing.

SECTION STATE OF IDAHO

 The assumed business name which the unc business is: 	dersigned use(s) in the transaction of
STEVENS & SO	OND MUSOUVY
2. The true name(s) and <u>business</u> address(es) business under the assumed business nam Name Scott STevens	ne: <u>Complete Address</u> <u>Po Box 297</u>
	STARE ID 83669
3. The general type of business transacted un	nder the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Scott STEVENS Do Box 297 STAN ID 83ccq 5. Name and address for this acknowledgme copy is (if other than # 4 above):	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
500++ 5+evens POBOX 297 STAR ID 83669	Secretary of State use only
Signature: (Signature required)	IDAHO SECRETARY OF STATE ### A 122 / 2005 ### 806091 CK: 519461 CT: 172099 EH: 806091 1 0 25.00 = 25.00 ASSUM NAME # 2
Printed Name: SCOH STEVE 115	IDAHO SECRETARY OF STATE 94/22/2005 05:00 CK: 519461 CT: 172099 BH: 806091 1 0 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title: Owner (see instruction # 8 on back of form)	D 86973