CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned

1.	gives notice of adoption of an Assumed Business Name. The assumed business name which the undersigned use(s) in the transaction of business is: SCHILKE & ASSOCIATES	
2.	The true name(s) and business address(es business under the assumed business nam Name KELLY W. SCHILKE	r) of the entity or individual(s) deing 🛮 🚬 💢
3.	The general type of business transacted un (mark only those that apply) Retail Trade Manufacturing Mholesale Trade Agriculture Services XX Construction	
4.	correspondence should be addressed: KELLY W. SCHILKE	Submit Certificate of Assumed Business
5.	1603 E. RIVERVIEW DRIVE COEUR D' ALENE, ID 83814 Name and address for this acknowledgmen copy is (if other than # 4 above):	Name and \$20.00 fee to: Secretary of State 700 West Jefferson
Signati		Secretary of State use only IDANO SECKETARY OF STATE 12/10/2000 09:00 CK: 1136 CT: 126494 BH: 288899
Printed Capaci	Name: <u>KELLY W. SCHILKE</u> ity: <u>OWNER</u>	1 8 28.88 = 28.88 ASSUM NAME # 2

(see instruction # 8 on back of form)