

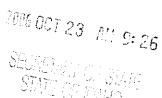
## CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME

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.

(see instruction # 8 on back of form)



The assumed business name which the under business is:	
Kerrie L. Clover	Complete Address  4322 Phipps Ln  Marsing Id. 81639
<ul> <li>Wholesale Trade ☐ Construction</li> <li>☐ Services ☐ Agriculture</li> <li>☐ Manufacturing ☐ Mining</li> <li>☐ Finance, Insurance, and Real Estate</li> </ul>	ler the assumed business name is:  and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State
4. The name and address to which future correspondence should be addressed:  Dustin R. Clover  4322 Phipps Ln.  Marsing Td. 83639	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (if other than # 4 above):	nt Phone number (optional):
Signature: R. Clon (signature required)	Secretary of State use only
Printed Name: Dustin R. Clover Capacity/Title: August	IDAHO SECRETARY OF STATE  10/24/2006 05:00  CK: 3476 CT: 158010 BH: 984348  1 0 25.00 = 25.00 ASSUM NAME # 2