## CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)





	SILVER NEED.	LE	/EXTILES	دَ		
	true name(s) and bus assumed business na			the entity	or individual(s) doing business under	
	<u>Name</u>			Complete Address		
<u>S/</u>	ILVER VALLEY I	DE 5	IGN, INC.	205	S. MAIN, KELLOGG, ID 8383-,	
	general type of busi	ness t	ransacted unde	r the assu	umed business name is:	
	Retail Trade Wholesale Trade Services	<b>0</b>	Manufacturin Agriculture Construction		Transportation and Public Utilities Finance, Insurance, and Real Estate Mining	
corı	e name and address to respondence should b	e add	ressed:		mber (optional):( <i>208</i> ) 783-1194	
20	SILVER VALLEY DESIGN, INC 205 S. MAIN KELLOGG, ID 83837				Submit Certificate of Assumed Business Name and \$20.00 fee to:	
Nan	Name and address for this acknowledgment copy is (if other than #4 above):				Secretary of State 700 West Jefferson Basement West P.O. Box 83720 Boise, ID 83720-0080 208 334-2301	
	Slendo	F)	1001		INNO SECRETARY OF STATE  0994864/19986 @9490	

(See instruction #8 on back of form)

Capacity: