

CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 OCT -6 AM 8: 21

Please type or print legibly. Instructions are included on back of application,

SECRETARY OF STATE STATE OF IDAHO

	STATE OF IDAHO
The assumed business name which the u business is:	· .
SENIORS BENEFIT	PLANS
The true name(s) and <u>business</u> address(e business under the assumed business name).	es) of the entity or individual(s) doing time:
Name	Complete Address
MELVIN CHIPPS INCL	- 404 KEED ST.
(143426)	AMERICAN FALLS
	LUAHU
3. The general type of business transacted to Retail Trade Transportation Wholesale Trade Construction Services Agriculture	on and Public Utilities
Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business e Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: MELVIN CHIPPI 904 REED ST. AMERICAL) FALLS 10. 8	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgme copy is (if other than # 4 above). 	ent
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apacity/Title:	CK: 6118 CT: 172747 BH: 1241977 1 8 25.00 = 25.00 ASSUM NAME # 3

abn.pmd Rev, 07/2010

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