

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned 2003 FEB 18 AN ID: 11 submits for filing a certificate of Assumed Business Name

ELED EFFECTIVE

(see instruction # 8 on back of form)

NOTE: See instructions on reverse before	SEUNE JARY OF STATE STATE OF IDAHO	
The assumed business name which the ur business is:	ndersigned use(s) in the transaction of	
Last Chance Finance	ial Services	
The true name(s) and <u>business</u> address(e business under the assumed business name     Name	s) of the entity or individual(s) doing ne: Complete Address	
		ID
Rebecca L. Silveira	3416 N. Hwy 20 Island Park, 3416 N. Hwy 20 Island Park, IU 83429	<b>&gt;</b>
3. The general type of business transacted u	nder the assumed business name is:	
Retail Trade Transportation Wholesale Trade Construction	n and Public Utilities	
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:	
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720	
Shawn Silveira 3416 N Hux 20 Island Park, ID 83429	Boise ID 83720-0080 208 334-2301	
5. Name and address for this acknowledgm	Marin and a second form of all and the	
COPY IS (if other than #4 above).	(208) 558-0149	
	Secretary of State use only	
Signature Library Printed Name: Shawn Silveica	IDAHO SECRETARY OF STATE	
Capacity/Title: Owner	92/18/2003 05: CK: 98 CT: 158810 BH: 663	

CK: 98 CT: 158010 BH: 663365 1 0 20.00 = 20.00 ASSUM NAME # 4

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