

227



CERTIFICATE OF 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.

 2004 AUG -4 P 2:48
 SECRETARY OF STATE
 STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

DAY LABOR RESEARCH INSTITUTE

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

GALE LYNN SVENSSON

3974 TEAL LANE, LEWISTON, ID 83501

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

G L SVENSSON,

DAY LABOR RESEARCH INSTITUTE

3974 TEAL LANE, LEWISTON, ID 83501

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

208-305-4369

Secretary of State use only

Signature: Gale Lynn Svensson

(signature required)

Printed Name: GALE LYNN SVENSSON

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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 Revised 04/2003

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IDAHO SECRETARY OF STATE
 08/04/2004 05:00
 CK: 8432435704CLH CT: 172099 BH: 759134
 1 @ 25.00 = 25.00 ASSUM NAME # 2