Capacity/Title: <u>Dwn-er/Operator</u>

(see instruction # 8 on back of form)

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CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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.

STATE SWARE LA DAHO

SILVER CREEK EX	AVATION	
The true name(s) and <u>business</u> address(abusiness under the assumed business name).	s) of the entity or individue:	dual(s) doing
<u>Name</u>	Complete A	<u>ddress</u>
Gary and Debbie Castle	PO BOX :	747
	Picabo,1	0 83348
3. The general type of business transacted to Retail Trade Transportation Wholesale Trade Construction	nder the assumed busing and Public Utilities	ness name is:
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Ce Assumed I Name and	
4. The name and address to which future correspondence should be addressed: Silver Creek Fx cavation Po Box 747 Picabo, 10 83348	Secretary of 700 West to Basement PO Box 83 Boise ID 83 208 334-23	Jefferson West 720 3720-0080
Name and address for this acknowledgm copy is (# other than # 4 above):		be r (optional): 88-3675
	Secret	ary of State use only
gnature: <u>Gary Castle</u> (signature required) inted Name: Gary Castle	sed O4/2003	TDANO SECRETARY OF STATI

IDAHO SECRETARY OF STATE

03/01/2005 05:00

CK: 3255 CT: 186584 BH: 795923

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