



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.

2007 NOV 28
FILED EFFECTIVE
SECRETARY OF STATE
STATE OF IDAHO

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

Silver Snowline

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
<u>Christenna Sara Artman</u>	<u>311 2nd Street</u>
	<u>P.O. Box 644</u>
	<u>Mullan, ID 83846</u>

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input checked="" 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:

Christenna Sara Artman
P.O. Box 644, 311 2nd Street
Mullan, ID 83846

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):

208-744-1286

Signature:

Christenna S. Artman
(signature required)

Printed Name:

Christenna S. Artman

Capacity/Title:

Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corporate\labn form\labn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
11/28/2007 05:00
CK: 3658 CT: 219923 BH: 1087114
1 @ 25.00 = 25.00 ASSUM NAME # 2

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