## **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

2007 AUG 16 PH 3: 47

SECRETARY OF STATE

NOTE:	See instructions on reverse before	e filing. STATE OF IDAHO
1. The assume business is:		dersigned use(s) in the transaction of
	SWINGS &	& THINGS
business ur	ime(s) and business address(es) nder the assumed business name Name CLYDE T. SCHILLING	of the entity or Individual(s) doing e: Complete Address PO BOX 137, PONDERAY, ID 63852
_		der the assumed business name is:
Whole Servi Manu Finan 4. The name	esale Trade Construction	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson
PO BOX 1: PONDERA	37 Y, ID 83852	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
copy is (If	l address for this acknowledgmen	nt
PHONE# 2	08-263-4659	Secretary of State use only
Signature: // Printed Name: Capacity/Title:	(eigneture required) CLYDE T. SCHILLING OWNER  struction # 8 on back of form)	IDAHO SECRETARY OF STATE  OS/16/2007 O5 = 00  CK: 1247769 CT: 172039 BH: 1671873  1 8 25.00 = 25.00 ASSUM NAME # 2