

Printed Name: DA

Capacity/Title: ()()//

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE 07 OCT - 1 PM 12: 56

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. SECRETARY OF STATE

Please type or print legibly.

STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

2. The true name(s) and business address(business under the assumed business name Name DANIEL F. NEWLOVE	
The general type of business transacted	PH: 208-255-7826
Retail Trade Transportat Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta The name and address to which future correspondence should be addressed: The Box 301	Submit Certificate of Assumed Business Name and \$25.00 fee to:
CONVEKTY, IV Y385	gment

IDAHO SECRETARY OF STATE
10/01/2007 05:00
CK: 342 CT: 158018 BH: 1078295
1 0 25.00 = 25.00 ASSUM NAME 0 2