227	
CERTIFICATE OF	
ASSUMED BUSINESS NAM Pursuant to Section 53-504, Idaho Code, the undersig submits for filing a certificate of Assumed Business National Statement Provide Activity (Control of Statement Provide) (Control of Statement P	gned
Please type or print legibly.	02 MAY 22 PM 12: 43
NOTE: See instructions on reverse before filing.	STATE OF IDANS
 The assumed business name which the undersigned use(s) in the transaction of business is: 	
Sylvester Renovation +	Design
The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:	
Name	Complete Address
Dean Sylvester 3912	Tattenhen Boise JA 63713
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 3. The general type of business transacted under the answer of the services and the service of the service	blic Utilities Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): $\underline{208 - 321 - 0463}$
Signature: Den JA Printed Name: Dren Sylvester Capacity/Title: <u>Owner</u> (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 05/22/2002 05:00 CK: 2033 CT: 158010 BH: 467347 1 2 20.00 = 20.00 ASSUM HAME # 2