

## CERTIFICATE OF

(see instruction # 8 on back of form)

	NAME 2007 MAR 10
CERTIFICATE OF	NAME undersigned siness Name.  SECONDARY 19 AM SECONDARY 05 05
ASSUMED BUSINESS	NAME 2007 Mar.
Pursuant to Section 53-504, Idaho Code, the	undersigned 17/9
submits for filing a certificate of Assumed Bu	siness Name.
Please type or print legibly.	Stoff Drop
NOTE: See instructions on reverse before	filing.
	the transaction of
The assumed business name which the undobusiness is:	ersigned use(s) in the transaction of
1R Silversmithing	
The true name(s) and business address(es)	of the entity or individual(s) doing
business under the assumed business name	e: Complete Address
Name	
Ingrid Rinard	RT 1-#57
PO BOX 132	Kooskin ID 83539
The general type of business transacted un	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:    Name and address for this acknowledgme copy is (if other than #4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
	Sectamity of State ass only
	<b>₹</b>
10. 1	Sauth 1965
nature: Ingrid Rinard (eignature required)	ow. rom. stabe, p65.
nature: Ingrid Rinard  nted Name: Ingrid Rinard	IDAHO SECRETARY OF STATE