

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.	STATE OF IDAHO
1. The assumed business name which the undersigned business is: Parke's Magic Volley Funeral Home	Sunset Chape
2. The true name(s) and business address(es) of the business under the assumed business name: Name Parke's magic Valley Funeral Home & Crematory LLC. 13478	Complete Address 5/ Kim Borly Rd win Falls, Id 8330/
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Same AS # 2 ABOUC	Public Utilities 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 Phone number (optional):
5. Name and address for this acknowledgment copy is (if other than # 4 above):	208-735-00// Secretary of State use only
Signature: (signature required) Printed Name: (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 88/05/2003 05:00 CK: 13362 CT: 158818 BH: 694597 1 9 25.88 = 25.86 ASSUM NAME # 2