## FILED EFFECTIVE



## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2007 FEB 27 PN 3: 10

STATE OF IDAHO

Please type or print legibly.

The assumed business name which the unders business is:  SLS Builde	
The true name(s) and business address(es) of business under the assumed business name:     Name     Stacy Lynn Smith	the entity or individual(s) doing  Complete Address  PO Box 787, McCall, ID 83638
3. The general type of business transacted under  Retail Trade Transportation an Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Stacy Smith PO Box 787 McCall, ID 83638	
5. Name and address for this acknowledgment copy is (if other than # 4 above):  SAME AS ABOVE	Phone number (optional):  (208) 550-2245
	Secretary of State use only
Signature: Stacy Smith  (signature required)  Printed Name: Stacy L Smith  Capacity/Title: Owner  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE    O   O   O   O