

CERTIFICATE OF FILED/EFFECTIVE **ASSUMED BUSINESS NAME**

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

STATE OF IDAHO

STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned MAY 22 AM 7: 49

NOTE: See instructions on reverse before filing.

(see instruction #8 on back of form)

<u> DENMAR</u>	
business under the assumed busines <u>Name</u> DENNIS C. SCIFRES	ress(es) of the entity or individual(s) doing ss name: Complete Address 7684 MOJAVE DR ROJSE ID. 83709 2684 MOJAVE DR BOJSE ID. 83709
	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed DENNIS C. SCIFRES 2684 MOJAVE DR BOISE, ZDANO 83209	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowled copy is (if other than # 4 above). 	edgment Phone number (optional):
Signature: Dennis C. Scifres Printed Name: Dennis C. Scifres	Secretary of State use only IDANO SECRETARY OF STATE 99d uqqqquo