## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

	Pursuant to Section 53-504, logives notice of adoption of an	Assumed Business Name 55
1.	The assumed business name which the business is:	undersigned use(s) in the transaction of
	Revival Land Company	7 Program
2.	The true name(s) and business address(business under the assumed business na	(es) of the entity or individual(s) doing ω
	Name Debra L. SKAUG	Complete Address 2615 Toma Ct. Nampa, TJ. 83686
	Bruce D. SKAUG	2615 Toma Ct. Nampa, Id. 87686
3.	The general type of business transacted (mark only those that apply)  Retail Trade Manufacturi Wholesale Trade Agriculture Services Construction	ing Transportation and Public Utilities Finance, Insurance, and Real Estate
4.	correspondence should be addressed:	Phone number (optional):
	Debra L. SKAUG	Submit Certificate of
	2615 Toma Court	Assumed Business Name and <b>\$20.00</b> fee to:
	Nampa, Idaho 83686	Secretary of State

5. Name and address for this acknowledgment COPY IS (if other than # 4 above):

Secretary of State use only

Boise ID 83720-0080

**Basement West** 

PO Box 83720

208 334-2301

IDANO SECRETARY OF STATE

10/27/2000 09:00 CX: 7893 CT: 67281 BH: 357258

1 8 20.90 = 20.98 ASSUM NAME # 2

DYOIII

Signature: Webra R. &

Printed Name: Debra SKAUG

Capacity: Owner

(see instruction # 8 on back of form)