

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.

2006 SEP 27 AM 9:00

SECRETARY OF STATE  
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Seven Pillars Enterprises

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
<u>Lynn Vaughan</u>	<u>2976 E. State St. #120-152, Eagle,</u> <u>ID 83616</u>
_____	_____
_____	_____

3. The general type of business transacted under the assumed business name is:

- |                                                              |                                                              |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Retail Trade                        | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade                     | <input type="checkbox"/> Construction                        |
| <input checked="" type="checkbox"/> Services                 | <input type="checkbox"/> Agriculture                         |
| <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Mining                              |
| <input type="checkbox"/> Finance, Insurance, and Real Estate |                                                              |

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

4. The name and address to which future correspondence should be addressed:

Lynn Vaughan  
2976 E. State St. #120-152  
Eagle, ID 83616

Phone number (optional):  
\_\_\_\_\_

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

SAME

Signature: Lynn M. Vaughn  
(signature required)

Printed Name: Lynn M. Vaughn

Capacity/Title: President, Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\script\formation\_formation.pdf  
Revised 04/2003

IDAHO SECRETARY OF STATE  
09/27/2006 05:00  
CK: 951 CT: 204056 BH: 977452  
1 @ 25.00 = 25.00 ASSUM NAME # 2

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