21	
CERTIFICATE OI	
	SNAME
Pursuant to Section 53-504 Idaho Code	the under 107 Map 28 PH 4-10
submits for filing a certificate of Assumed Please type or print legibly.	SECHEIGHT OF STATE
NOTE: See instructions on reverse before	ore filing. STATE OF IDAHO
	C C C C C C C C C C C C C C C C C C C
 The assumed business name which the ur business is; 	ndersigned use(s) in the transaction of
	Sulfing Services
The true name(s) and business address(es business under the assumed business name	s) of the entity or individual(s) doing
Name	Complete Address
Stephanic Elg	6466 W. Autumnwood St.
	Boite, Idaho 83714
3. The general type of business transacted up	d
3. The general type of business transacted un	der the assumed business name is:
Retail Trade Transportation	and Public Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
<u>See above</u>	PO Box 83720
	Boise ID 83720-0080
	208 334-2301
 Name and address for this acknowledgmen copy is (if other than #4 above). 	t Phone number (optional):
	Secretary of State use only
inature: Alphin Ely	
nted Name: Stephan in he Fla	IDAHO SECRETARY OF STATE 03/28/2007 05=00
(see instruction # 8 on back of form)	CK: 1035526 CT: 172099 BH: 104330
	1 # 25.00 = 25.00 ASSUM MONE #