

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filina fee: \$25.00.

Signature:

Printed Name:

Signature:

2016 JUN 22 AM 9: 14

D187462

The assumed business name which the undersign		:	SECRETARY OF STATE		
		igned use(s) in th	e transaction combusines	is is:	
Silva Custom F	arming		 		
. The individual and/or enter the assumed business r	_		_	der	
Devin J Silva	4131 N 2200 E Filer, ld 83328				
(Name)	(Address)				
(Name)	(Address)				
(Name)	(Address)			<u></u>	
(Name)					
☐ Wholesale Trade☐ Services. Mailing address for future	Agriculture Manufacturir e correspondence:	☐ Mir ng ☐ Fina	nsportation and Public Uning ance, Insurance, and Read and Read address for this acknow	eal Estate	
Devin J Silva		copy is (if o	ther than # 4).		
(Name) 4131 N 2200 E		(Name)		•	
(Address) Filer, Id 83328		(Address)			
(City)	(State) (Zipcode)	(City)	(State)	(Zipcode)	
gnature: 4 Jun Sih			Secretary of State use only		
			IDAHO SECRETARY OF STATE 06/22/2016 05:00		
rinted Name:			CK: 5055 CT: 158010 BH: 1534432		

Rev. 08/2015