

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, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

SL Vending

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

Name	Complete Address
<u>Samuel Lapresta</u>	<u>3225 E. Mary Ave</u>
<u>Sara Lapresta</u>	<u>Harrison ID 83833</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

Samuel Lapresta
3225 E. Mary Ave
Harrison ID 83833

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

BANK OF AMERICA
APPLEWAY BRANCH #96503
W. 501 Appleyway
Coeur d'Alene, ID 83814
(208) 667-3537

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

12/11/2000 09:00
CK: 3750218757 CT: 82171 BH: 365849

1 @ 20.00 = 20.00 ASSUM NAME # 2

D41089

Signature: Samuel Lapresta

Printed Name: Samuel Lapresta

Capacity: Owner

(see instruction # 8 on back of form)

Revision 2/97

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