

Capacity/Title:____

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

FILED EFFECTIVE 10 NOV 24 AM 8: 27

SECFEE BY OF STATE STATE OF IDAHO Instructions are included on back of application.

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 The assumed business name which the u business is: 	ndersigned use(s) in the transaction of
Unique Trea	isures 44
The true name(s) and <u>business</u> address(e business under the assumed business na Name Kevin Slover Lori Slover	es) of the entity or individual(s) doing name: Complete Address 411 Coldwell Blvd Nampa, TD " 8,365
3. The general type of business transacted to Retail Trade Transportation Wholesale Trade Construction Services Agriculture	on and Public Utilities
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: 411 caba well Blod Nampa TO 83651	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgme copy is (if other than # 4 above):	ent
Signature:	Secretary of State use only
Printed Name: Keuin H. Slover	
Capacity/Title: രധാളമ	
Signature:	IDAHO SECRETARY OF STATE 11/24/2010 05:00
Printed Name:	CK: 1328 CT: 253864 BH: 1248444 1 0 25.86 = 25.88 ASSIM MONE # 2

CK: 1328 CT: 253064 BH: 1248444 1 0 25.00 = 25.00 ASSUM NAME # 2

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