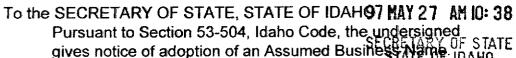
Printed Name: MARTE

(see instruction # 8 on back of form)

Capacity: Owner

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)





– 2. T b			
b	The true name(s) and business address(
b	· ·		
-	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Name	Co	mplete Address
	CARL W. CLIFF	HC 6. BOX 2	4 PRIEST RIVER, ID. 83856
_	MARTE G. CLIFF	HC 6. BOX 2	4 PRIEST RIVER, ID. 83856
		· UMUNIA A	
<u></u>		under the see	imad husinass nama is:
3. T	The general type of business transacted to (mark only those that apply)	under the assu	imed business name is.
, _			A COLUMN TO THE PROPERTY.
	Retail Trade Manufacturi Wholesale Trade Agriculture	<u> </u>	ansportation and Public Utilities nance, Insurance, and Real Est
	Services Sconstruction	_	ning
		DI	- () () () () ()
	The name and address to which future Phone number (optional): correspondence should be addressed:		
•	CLIFF CONSTRUCTION		Cultural Continues of
_			Submit Certificate of Assumed Business
. –	HC 6 BOX 24		Name and \$20.00 fee to:
_	PRIEST RIVER, ID. 83856		Secretary of State
5 N	Name and address for this acknowledgme	ent	700 West Jefferson Basement West
	COPY IS (if other than # 4 above):	One	PO Box 83720
	U.S. BANK OF IDAHO		Boise ID 83720-0080
			208 334-2301
_	PO BOX 579		Secretary of State use only
	PRIEST RIVER, ID. 83856	Revisian 2/97	Idaho secretary of st

DATE 05/27/1997 0900 96075 2 CK *: 5863 CUST* 81953 ASSUM NAME 18 20.00= 20.00

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