

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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SECRETATOR OF STATE

1. The assumed business name which the und business is:  Suppose On To	r
2. The true name(s) and <u>business</u> address(es) business under the assumed business name  Name  Albart M. Silva Tr	of the entity or individual(s) doing e: <u>Complete Address</u> 135 N. JEHERSON  NAMPA Id. 83651
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	der the assumed business name is:  and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  About M. S.Lun Jr  135 N. Jefferson  Nampa Id 83651	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	Phone number (optional):  Secretary of State use only
Signature: Aug Manager Signature required)  Printed Name: Abrat M. Si Lua Sa  Capacity/Title: Owner	IDAHO SECRETARY OF STATE  3/09/2004 05:00  CK: CASH CT: 158818 BH: 731815  25.08 = 25.00 ASSUM MARE # 2
(see instruction # 8 on back of form)	6