



CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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

Please type or print legibly.

NOTE: See instructions on reverse before filling.

2005 DEC 30 PM 4:47

SECRETARY OF STATE
STATE OF IDAHO

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

Shear Delite

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

Name

Clifton K Swan

Complete Address

711 10th Ave. N. Nampa Id. 83651

Maria A. Swan

711 10th Ave. N. Nampa, Id. 83651

3. The general type of business transacted under the assumed business name is:

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

4. The name and address to which future correspondence should be addressed:

Shear Delight

711 10th Ave. N.

Nampa, Id. 83651

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

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

Phone number (optional):

208 466 5011

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

Signature: Clifton K. Swan (Signature required)

Printed Name: Clifton K. Swan

Capacity/Title: Owner

(see instruction # 8 on back of form)

8. Idaho Business Form #5011-056
Revised 03/2006

01/03/2006 05:00
CK: 691496 CT: 172899 BH: 929521
1 @ 100.00 = 100.00 ORGAN LLC # 2

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