

Signature:

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.

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Please type or print legibly. NOTE: See instructions on reverse before filing.

NOTE: See instructions on reverse before filing	• William ENGISTATE
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
2. The true name(s) and business address(es) of the business under the assumed business name: Name Sanut A. Silvey 196 Ribin E. Silvey	centity or individual(s) doing Complete Address G TAMARICK LOOP, Twin Fulls
3. The general type of business transacted under the assumed business name is: Retail Trade Wholesale Trade Construction Services Agriculture Submit Certificate of	
Manufacturing Mining Finance, Insurance, and Real Estate	Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: Robin Silvey 1969 TAMARACK LODGE TWIN FULLS JA 88301	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (# other than # 4 above):	Phone number (optional): (カが) 753-3718
<u>Same</u>	Secretary of State use only

Printed Name: Capacity/Title: (see instruction # 8 on back of form).

IDAHO SECRETARY OF STATE
09/09/2002 05:00
CK: 3365 CT: 163340 BH: 486965
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