## CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 SEP 13 AM 9: 05

SECRE ARY OF STATE STATE OF IDAHO

## Please type or print legibly. Instructions are included on back of application.

UPPER V	ALLEY CPA
The true name(s) and <u>business</u> address(est business under the assumed business name     Name     BENJAMIN CLARK	s) of the entity or individual(s) doing ne: Complete Address 2571 E YELLOWSTONE HWY SAINT ANTHONY IDAHO 83445
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:  UPPER VALLEY CPA PO BOX 412 SAINT ANTHONY IDAHO 83445	Submit Certificate of Assumed Business
5. Name and address for this acknowledgme copy is (if other than # 4 above):	Secretary of State use only
nted Name: Benjamin Clark  pacity/Title: Owner  pnature: Benjamin Clark  pnature: Benjamin Clark  nted Name:	IDAHO SECRETARY OF STATE  99/13/2010 05:  CK: 18039276011 CT: 158010 BH:  1 0 25.00 = 25.00 ASSUM NA

abn.pmd Rev. 07/2010