

CERTIFICATE OF ASSUMED BUSINESS NAME

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



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

S & L Builders

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

Name	Complete Address
<u>JAMES E. Sisson</u>	<u>1625 West Maple #25, Buhl, ID 83216</u>
<u>EDDIE LONG</u>	<u>309 13TH AVE N. Buhl ID - 83316</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

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

Phone number (optional): 208-543-6546

JAMES E. Sisson
1625 West Maple #25
Buhl IDAHO 83316

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

D L EVANS BANK
ATTN: LAURA
PO BOX 87
TWIN FALLS, ID 83303-0087

Submit Certificate of Assumed Business Name and \$20.00 fee to:

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

Secretary of State use only

IDAHO SECRETARY OF STATE

07/14/1997 09:00
 CX: 957115 CT: 84147 BH: 20825

1 @ 20.00 = 20.00 ASSUM NAME

D6266

Signature: JAMES E. Sisson

Printed Name: JAMES E. Sisson

Capacity: _____

(see instruction # 8 on back of form)

Revision 2/87

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