## **CERTIFICATE OF ASSUMED BUSINESS NAME**

FILED EFFECTIVE

(see instruction # 8 on back of form)

CERTIFICATE OF	FILED CITES
ASSUMED BUSINESS	NAME ?///
Pursuant to Section 53-504, Idaho Code, the	
submits for filing a certificate of Assumed Bus	siness Name.
Please type or print legibly.	Creek All o
NOTE: See instructions on reverse before	filing.
	CF D. Star.
1. The assumed business name which the under	ersigned use(s) in the transaction of
business is:	
Oliphant (Ans	11/1/0
- CHIPMIC CONS	
2. The true name(s) and business address(es)	of the entity or individual(s) doing
business under the assumed business name	):
Name	Complete Address
Nathan Alighant	9761 12 Prairie Are
1 soctage to the second	Past 17 115 11 97000
·	1007 Falls 100 5057
a Ti thur of huminos temposted und	for the analymed business name is:
3. The general type of business transacted und	er the assumed business flame is.
Retail Trade Transportation	and Public Utilities
Wholesale Trade Construction	
C VIIIOlogaio II ado	
	Submit Certificate of Assumed Business
Manufacturing Mining	Name and \$25.00 fee to:
Finance, Insurance, and Real Estate	Hanne and \$20.00 too to.
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
_ 1. i	Basement West
Oliphant Consulting	PO Box 83720
9766 W Prairie Ave	Boise ID 83720-0080 208 334-2301
Post Falls 1083854	200 334-2301
	nt Phone number (optional):
<ol><li>Name and address for this acknowledgmen</li></ol>	It Priorie number (optional).
COPY IS (If other than # 4 above):	The state of the s
•	
	Secretary of State use only
	99 un 1993
Signature: Mahan 39	G G S S S S S
Signature required)	<b>8 8 8 9</b>
Printed Name: Nathan Oliphant	SECRETARY OF STATE
Capacity/Title: Ouoner	IDAHO SECRETARY OF STATE 07/11/2007 05:00
	I TO TO THE TOTAL OF THE PROPERTY OF THE PROPE

07/11/2007 05:00 CK: 3049 CT: 158010 BH: 1064922 1 25.00 = 25.00 ASSUM MANE # 2

