

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

Please type or print legibly. a instructions on reverse before filing.

Printed Name: CLINT L. SIGMAN Capacity/Title: SOLE PROPRIETOR

(see instruction # 8 on back of form)

TLED EFFECTIVE 2007 APR 30 AM 10: 41

INTERNATIONAL SUPPLY	AllAIL ADILLII TRIAC
	CHMIN CUNSULITAN
The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  CLINTL. SIGMAN  23	
The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State
correspondence should be addressed:  CLINT L. SIGMAN  2396 W. KING RD	450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Lung, TD B3634  5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
sature: Child. Signings	en e

IDAHO SECRETARY OF STATE 45/01/2007 65:00 CK: 6234 CT: 158010 BH: 1050746 1 0 25.00 = 25.00 ASSUM MAME # 2

111031