

227



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.

NOTE: See instructions on reverse before filing.

2001 JAN 22 PM 4:07

STATE
OF IDAHO

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

EMPIRE INVESTIGATIONS & ASSOCIATES

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

STEVEN ANTHONY DeGON
DALE TREVIS SWAFFORD

101 PETAL Court, POST FALLS ID 83854
3007 N LACEY SPOKANE WY. 99207

3. The general type of business transacted under the assumed business name is:

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

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

101 PETAL Ct.
POST FALLS, IDAHO 83854

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

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 (if other than # 4 above):

Phone number (optional):

208 704 2094

Secretary of State use only

Signature: _____

Steven A. DeGon
(signature required)

Printed Name: _____

STEVEN A. DeGON

Capacity/Title: _____

INVESTIGATOR / OWNER

(see instruction # 8 on back of form)

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Revised 04/2003

DM2388

IDAHO SECRETARY OF STATE
01/22/2004 05:00
CK: 012242589871KAH CT: 172899 BH: 723225
1 @ 25.00 = 25.00 ASSUM NAME # 2