

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned AUG - 1 A 8: 35 submits for filing a certificate of Assumed Business Name.

Please type or print legibly

(see instruction # 8 on back of form)

NOTE: See instructions on reverse before filing.	SECRETARY OF STATE STATE OF IDAHO
 The assumed business name which the undersigned business is: 	••
RIVER CITY ASSOCI	ATES
2. The true name(s) and business address(es) of the business under the assumed business name: Name MICHAEL SANTONI 260 #110	entity or individual(s) doing Complete Address O A E. SELTICE WAY, D, POST FALLS, ID. 838 54
3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction Services Agriculture	
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: MICHAEL SANTONI 2600 A E. SELTICE WAY#110 POST FALLS, I.D. 83854	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional):
	Secretary of State use only
Signature: Michael Asanton Printed Name: MICHAET A. SANTONI Capacity/Title: DWNER	IDAHO SECRETARY OF STATE 98/01/2003 05:00 CK: 5582 CT: 171965 BH: 694138 1 0 25.00 = 25.00 ASSUM NAME # 2

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