

CERTIFICATE OF

FILED EFFECTIVE

ASSUMED BUSINESS NAME AND AUG 12 AM 8: 23

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

Please type or print legibly.

Instructions are included on back of application. STATE OF IDAHO

SFI PROPERTY MA	ANAGEMENT & MAINTENANCE
The true name(s) and <u>business</u> address business under the assumed business <u>Name</u> JAMES R SHIRLEY	
3. The general type of business transacte Retail Trade Transport Wholesale Trade Construct	ation and Public Utilities
Services Agricultur Manufacturing Mining Finance, Insurance, and Real Es	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: 1440 6TH AVE E, TWIN FALLS, ID 83301	I Secretary of State I
5. Name and address for this acknowledg copy is (if other than # 4 above):	iment -
Signature: las R Shire	Secretary of State use only
Printed Name: JAMES R SHIRLEY	- n41366
Capacity/Title: OWNER Signature: OWNER Printed Name:	IDAHO SECRETARY OF STATE