

Capacity/Title:_

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

	ME Arrigned 29:01
CERTIFICATE OF	Programme EFFECT
ASSUMED BUSINESS IN Pursuant to Section 53-504, Idaho Code, the und	ME dersigned ss Name.
Please type or print to be before fill	ing.
NOTE: See instructions of Tee Annual Note: 1. The assumed business name which the unders business is: The Sellin Advis	sor Group
The true name(s) and business address(es) of business under the assumed business name: Name	f the entity or individual(s) doing Complete Address 1036 E. Iron Eagle Dr., Ste. 101
Name Sellin Advisor Group, Inc.	Eagle, Idaho 83616
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Agriculture Services Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Thomas C. Sellin 1036 E. Iron Eagle Dr., # 101, Eagle, ID 83616 5. Name and address for this acknowledge copy is (if other than # 4 above):	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): (208) 939-6641
Signature (signature required) Thomas C. Sellin President	Secretary of State use only Secretary of State use only 100000000000000000000000000000000000

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