

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFE

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

06 JUL 20 AM 10: 22

Please type or print legibly. NOTE: See instructions on reverse before filing.	SEGILL OF STATE STAGE OF DIAHO
1. The assumed business name which the undersigned use(s) in the transaction of business is: ELK RIDGE FINANCIAL	
	Complete Address WHITE SANDS DRIVE JOLAN, JO 83646
3. The general type of business transacted under the a Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: KEVIN R. SPENCER 961 W. WHITE SANDS DR. MERIDUAN, ID 83646	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): 268 484 0085
Signature SUW Signature (signature required) Printed Name: KEVAN PAY SPENCER Capacity/Title: OWNER	Secretary of State use only O / O Q O Y
(see instruction # 8 on back of form)	07/20/2006 05:00 CK: 484 CT: 158010 BH: 965885 1 8 25.00 = 25.08 ASSUM NAME # 2