

Capacity/Title: Cure

(see instruction # 8 on back of form)

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.

Name	e(es) of the entity or individual(s) doing name: Complete Address
BRETT DAYTON	205 N. MAIN
	M-5 www ID 83643
Finance, Insurance, and Real Esta The name and address to which future correspondence should be addressed:	Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
205 N. MAIN	(208) 334-2301
Name and address for this acknowledge copy is (if other than # 4 above):	nent

IDAHO SECRETARY OF STATE

04/25/2008 05:00

CK: 5118 CT: 158918 BH: 1111813

1 8 25.88 = 25.80 ASSUM MAME # 2