

CERTIFICATE OF

(see instruction # 8 on back of form)

27	
CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, to submits for filing a certificate of Assumed If the Please type or print legibly. NOTE: See Instructions on reverse before	OBAPR FILED EFFECTIVE S NAMERE ARY the undersigned FARY Business Name. FOF OF STATE ore filing.
The assumed business name which the unbusiness is:	ndersigned use(s) in the transaction of
2. The true name(s) and business address(es business under the assumed business name Name Alan Gilda ———————————————————————————————————	s) of the entity or individual(s) doing me: Complete Address Po Box 498 Mullan, Id. 83846
3. The general type of business transacted ur Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Alan Gilda Po Box 498 Mullan, Id. 83846	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	Phone number (optional): 744-1403
Signature: <u>Alan Gilda</u> Printed Name: <u>Alan Gilda</u>	Secretary of State use only Solver to be a secretary of State use only Solver to be a secretary of State use only The secretary of State use only Solver to be a secretary of State use only
Canacity/Title: Aumes /	IDAHO SECRETARY OF STATE

04/17/2008 05:00 CK: 1542 CT: 225863 BH: 1118624 1 8 25.88 = 25.88 ASSUM MANE # 2