

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.

08 JUN 18 AM 8: 14

SECRETARY OF STAT STATE OF IDAHO

 The assumed business name which the undersigned use(s) in the transaction of business is: 	
SAS WELLING and Fa	briegrion
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address	
Micheal C Sheets	PO Box 1357 Kamiah Id 8336
3. The general type of business transacted u	
Retail Trade Transportation Wholesale Trade Construction	on and Public Utilities
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:	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
Mike Sheets	•
PO Box 1357 Kampah IJ, 83536	(208) 334-2301
5. Name and address for this acknowledgm copy is (if other than #4 above):	- nent
	Secretary of State use only
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gnature: milel C. Sleet	IDAHO SECRETARY OF STATE Solution Solut
inted Name: Micheal C. Sheets	IDAHO SECRETARY OF STATE
	IDAHO SECRETARY OF STATE 66/18/2008 05:00
apacity/Title: مسدح (see instruction # 8 on back of form)	CK: 1804 CT: 158010 BH: 1120240
(and management of our bush of form)	

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