

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

2003 AUG 27 AM 8: 39

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

STATE OF IDAHO

IDAHO SECRETARY OF STATE

08/27/2003 05:00

CK: 1051 CT: 158010 BH: 698530

1 8 25.00 = 25.00 ASSUM NAME # 2

Please type or print legibly. NOTE: See instructions on reverse before filing.

The assumed business name which the undersigne business is: OSS	d use(s) in the transaction of
2. The true name(s) and business address(es) of the elements business under the assumed business name: Name Name Solution Solution Note: Note:	Complete Address O.E. Wolfer Award Complete Award Complete Address O.E. Wolfer Award Complete Award Comple
3. The general type of business transacted under the a Retail Trade	
4. The name and address to which future correspondence should be addressed: DO DOX DICE LOCATION 83407	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):
Signature (signature required)	Secretary of State use only