

CERTIFICATE OF

FILED EFFECTIVE

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

STATE OF IDAHO

2004 SEP -2 AM 8: 41

NOTE: See instructions on reverse before filing.

Capacity/Title: Sole proprieter (see instruction # 8 on back of form)

1. The assumed business name which the under business is: Tewel Wes	
	Complete Address A. O BOX 595 Tona, TD 83427
3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction	
 Wholesale Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Tack Koon P.O. Box 595 9 Tona TD 83427	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):	ent Phone number (optional):
	Secretary of State use only
Signature: (signature required) Printed Name: Tack Koon	IDAHO SECRETARY OF STATE 99/02/2004 05:00 CK: 5426 CT: 158810 BH: 764254 1 @ 25.00 = 25.00 ASSUM NAME # 2