

CERTIFICATE OF ASSUMED BUSINESS NAME COT 31 Fit 9: 21 Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

PILED EFFECTIVE

 The assumed business name which the undersignation business is:	
Name Anda ACKERMAN	Complete Address 4685 Bloom Boix, 10 83703
3. The general type of business transacted under the Selling Whomeson Internet Transportation and F Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 1. The name and address to which future correspondence should be addressed: ANDA ACKERMAN 4685 13/00m Baise TO 83703	
5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional):
	Secretary of State use only
ed Name: And A A CKERMAn acity/Title: OUNER (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 10/31/2005 05 = CK: 5656 CT: 135803 RH: 91

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