

Capacity/Title: Ownar

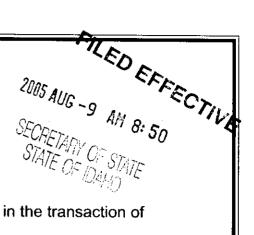
(see instruction # 8 on back of form)

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.



D 90468

 The assumed business name which the undersig business is: 	ned use(s) in the transaction of
The Prison Nard	
2. The true name(s) and <u>business</u> address(es) of th business under the assumed business name: Name Lynda Lois Kunkla N/A	e entity or individual(s) doing <u>Complete Address</u> O.Box 489 Caldwall Fol 836
3. The general type of business transacted under th	e assumed business name is:
Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Lynda Lois Kunkle Por Box 499 Caldwell Ed 83606	Submit Certificate of Assumed Business Name and \$25.00 fee to: 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):
NONE	
Signature: Lynda L- Kunkla Signature required Name: Lynda L- Kunkla	IDANO SECRETARY OF STATE 28/09/2005 25:00 CK: 1346 CT: 158818 RM: 985238 1 8 25.88 = 25.88 ASSUM NAME # 2