CERTIFICATE OF ASSUMED BUSINESS NAME

2005 FEB 14 AH 9: 28

FILED EFFECTIVE

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

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

NOTE: See instructions of reverse believe		
The assumed business name which the under business is:		B1
The true name(s) and business address(es) of business under the assumed business name Name Trinity A. Boss		ty or individual(s) doing Complete Address Franklin Road, Meridian, ID 83642
3. The general type of business transacted und Retail Trade	and Publ	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 Phone number (optional):
Signature: Printed Name: Capacity/Title: Owner (see instruction # 8 on back of form)	g 'corptoms'abn forms'abn p65 Revised 04/2003	IDANO SECRETARY OF STATE 02/14/2005 95=00 CK: 4444 CT: 158818 BH: 792925 1 8 25.00 = 25.00 ASSUM NAME 1 2