

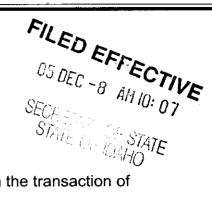
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(see instruction # 8 on back of form)

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



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1. The assumed business name which the undersigned business is:	· 10
2. The true name(s) and <u>business</u> address(es) of the elements under the assumed business name: Name Nichael Nosle Bois	entity or individual(s) doing Complete Address 2 12 N Busus Basin Rol Se, ID 83707
3. The general type of business transacted under the a Retail Trade Transportation and Pul Wholesale Trade Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: 2627 12 N. Boxus Bosin Rd Boise, ID 83702	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
ignature: Mwww Michael Nosle apacity/Title: Dwner (accompany to the service of form)	IDAHO SECRETARY OF STATE 12/08/2005 05:00 CK: CASH CT: 158010 BH: 925898 1 0 25.00 = 25.00 ASSUM NAME # 2