

Capacity/Title: OWM

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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.

	STATE OF INVI
1. The assumed business name which the undersigne	ed use(s) in the transaction of
business is:	\cap /
Mountain Man Trading	rost
V	
The true name(s) and business address(es) of the e business under the assumed business name:	entity or individual(s) doing
Name	Complete Address
Metin A Johnson R	L#1 Box 238 ARD IO 832
Shownord lahasan PHI	RN 238 1/20 +0 82212
SHOWING R. SOMPON WIT	STADA HEU LU 8345
3. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Pu	blic I Itilities
Wholesale Trade Construction	
Services Agriculture	Submit Continues of
Manufacturing Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
March: M Toda Ot	Basement West
INJUNTOIN MAIN TRACING FOST	PO Box 83720 Boise ID 83720-0080
177 DOX 258	208 334-2301
ATCO 10 83213	
5. Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above):	208-527-3042
	Secretary of State use only
gnature: Alphanna Sohn Son	~ ((12(1) ^
inted Name: Shown an Son o Son	Pycyuki
inted Name: <u>Novatraa John Son</u> 増製	• 1

IDAHO SECRETARY OF STATE 10/04/2006 05:00 CK: 4018 CT: 158010 BH: 978484 1 0 25.00 = 25.00 ASSUM NAME # 2