

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. (3) (CT 30 AM IO: 37

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the unbusiness is:	
2. The true name(s) and <u>business</u> address(es business under the assumed business name Name Name Newn; S McFan	s) of the entity or individual(s) doing ne: Complete Address 627 PINEST NAMPA TO 83686
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: CAT PINE ST. NAMPATO: \$3686	der the assumed business name is: and Public Utilities 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
5. Name and address for this acknowledgmen copy is (if other than # 4 above): Demis MCFAII 627 PINE ST. NAME A TO 83686	Phone number (optional): 208 890 1018 Secretary of State use only
Signature: (signature required) Printed Name: Dennis McFAI Capacity/Title: (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 10/30/2003 05:00 CK: CASH CT: 158816 BH: 789225 1 9 25.89 = 25.80 ASSIM HAME # 2