

CERTIFICATE OF ASSUMED BUSINESS NAMEFILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 2006 MAY -4 PM 4: 04 submits for filling a certificate of Assumed Business Name.

NOTE: See Instructions on reverse before filing	STATE OF IDAHO
1. The assumed business name which the undersign business is:	ed use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Solution Solution Name Solution Solutio	entity or individual(s) doing Complete Address CX 611 Palolo Mash Ra TRIF (alle M83869)
3. The general type of business transacted under the Retail Trade	
4. The name and address to which future correspondence should be addressed: Spikit Lake, 38 8369	Secretary of State 700 West Jefferson Basement West PO Box 83720 Bolse ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional): 208-755-0843
	Secretary of State use only
1/1	V00c-30

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IDAHO SECRETARY OF STATE 05/04/2006 05:00 CK: 796993 CT: 172099 BH: 953075 8 25.00 = 25.00 ASSUM NAME # 2

Signature 1200 Cennar Printed Name: Capacity/Title:

(see instruction # 8 on back of form)