CERTIFICATE OF ASSUMED BUSINESS NAME

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

2006 JAN 11 AH 9: 09

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Printed Name: Stephanu Brower

(see instruction #8 on back of form)

Capacity/Title:_

The true name(s) and business address(es) of the ebusiness under the assumed business name: Name Stephania Brower Name	Complete Address
The general type of business transacted under the Retail Trade Transportation and Pu	
 Wholesale Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Stephanic Browler 1421 Emerald Dr Namen DD 83686	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):
ature: Segranic Browly	Secretary of State use only

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IDAHO SECRETARY OF STATE **01/11/2006 05:00**CK: 1822 CT: 158010 BH: 931431 1 & 25.00 = 25.00 ASSUM NAME # 2

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