

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.

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SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the undersigned business is:	
2. The true name(s) and <u>business</u> address(es) of the e business under the assumed business name: Name Artene D. Mc Clain	at the Open Control of the Control o
3. The general type of business transacted under the a Retail Trade	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): 208-809-5917
Signature: Capacity/Title:	IDAHO SECRETARY OF STATE 33/07/2007 65:200 CK: 1073700 CT: 172099 BH: 1036159 1 25.00 = 25.00 ASSUM MANE # 2