CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned ${}^{\circ}\xi_{C_0}$

2005 MAR -7 AM 10: 06

Wing o	submits for filing a certificate of Assumed Business Name. STATE 06
	submits for filing a certificate of Assumed Business Name. STATE OF DAHO Please type or print legibly. NOTE: See instructions on reverse before filing.
1.	The assumed business name which the undersigned use(s) in the transaction of business is:
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Paul Hunt Ja 2100 Molanie Rexburg Id Bhoma Hunt
3.	The general type of business transacted under the assumed business name is: Retail Trade
	The name and address to which future correspondence should be addressed: Polythorda Hont Phone number (optional):
5.	Name and address for this acknowledgment Phone number (optional): copy is (if other than # 4 above): 208-656-891
	Secretary of State use only
Signat	ure:
Printe	Name: Pull I MAHO SECRETARY OF STATE
Capac	ity/Title: (CX: 282 CT: 158816 BH: 796912

(see instruction #8 on back of form)

CK: 282 CT: 158010 BH: 796912 1 8 25.00 = 25.00 ASSUM NAME # 2