27	FILED
CERTIFICATE OF ASSUMED BUSINESS N Pursuant to Section 53-504, Idaho Code, the of submits for filing a certificate of Assumed Busin Please type or print legibly. NOTE: See instructions on reverse before the	undersigned ness Name. SECRETARY OF STATE STATE OF IDAHO
<ol> <li>The assumed business name which the undersigned use(s) in the transaction of business is:</li> <li><u>Solar Cyclops</u> Productions</li> </ol>	
2. The true name(s) and <u>business</u> address(es) o business under the assumed business name: <u>Name</u> <u>McFarlanc</u>	of the entity or individual(s) doing <u>Complete Address</u> <u>34445 North Church Ave.</u> <u>Borse, ID 83706</u>
<ul> <li>Wholesale Trade</li> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Mining</li> <li>Finance, Insurance, and Real Estate</li> <li>The name and address to which future correspondence should be addressed:</li> <li>Ason Melanae</li> <li>Agriculture</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Mining</li> <li>Finance, Insurance, and Real Estate</li> <li>The name and address to which future correspondence should be addressed:</li> <li>Agriculture</li> <li>Agriculture</li> <li>Agriculture</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Mining</li> <li>Mining</li> <li>Finance, Insurance, and Real Estate</li> <li>The name and address to which future correspondence should be addressed:</li> <li>Agriculture</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Mining</li> <li>Finance, Insurance, and Real Estate</li> <li>The name and address to which future</li> <li>Manufacturing</li> <li>Manufacturing</li> <li>Manufacturing</li> <li>Mining</li> <li>Finance, Insurance, and Real Estate</li> <li>Name and address for this acknowledgment</li> </ul>	nd 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 Phone number (optional):
COPY IS (if other than # 4 above): Signature: Signature: Printed Name: Capacity/Title: <i>Owner</i>	Secretary of State use only Secretary of State use only IDAHD SECRETARY OF STATE 09/19/2003 05:00 CK: 919183513344KAH CT: 172899 BH: 782628 1 @ 25.68 = 25.86 ASSUM NAME # 2
(see instruction # 8 on back of form)	D69014