FILED EFFECTIVE

CERTIFICATE OF

ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned submits for filling a certificate of Assumed Business Name. Please type or print legibly. NOTE: See Instructions on reverse before filling.	
The assumed business name which the undersigne business is: PEND ORIELLE F	_
2. The true name(s) and business address(es) of the subusiness under the assumed business name: Name PAUL GOLLIM 7.	entity or individual(s) doing Complete Address Olo MONROE、SANDFOINT、ロ 8 彩6 9
3. The general type of business transacted under the and Pu Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: PAUL GOLLIN 706 MONROE SANDFOINTIND 83864	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional): 208-265-35:00
Signature: Dan Goll: Printed Name: PAUL GOLLIN Canacity/Title: OUNDOC	Secretary of State use only

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

12/09/2003 05:00

CK: 2827 CT: 158010 BH: 715601

1 0 25.00 = 25.00 ASSUM NAME # 2

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