

CERTIFICATE OF ASSUMED BUSINESS NAME

7009 JAN -8 PM 2:59

FILED EFFECT VE

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The true name(s) and business address(e business under the assumed business name	
Name	Complete Address
MARK W. WOOD	5739 WOODCROSS DRIVE
	BoisE, IDAHO 83716
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future	Submit Certificate of Assumed Business Name and \$25.00 fee to:
correspondence should be addressed: MARK W. WOOD	PO Box 83720 Boise ID 83720-0080
5739 WOODEROSS DRIVE	(208) 334-2301
Boise, IDAHO 83716	
i. Name and address for this acknowledgm copy is (if other than # 4 above):	ent
	Secretary of State use only

Revised 04/2003

Printed Name: MARK W. WOOD

(see instruction # 8 on back of form)

OWNER

Capacity/Title: HANDIMAN

IDAHO SECRETARY OF STATE

01/08/2009 05:00

CK: 3506 CT: 158010 BH: 1151449

1 8 25.00 = 25.00 ASSUM NAME # 2