Capacity/Title: Owner

(see instruction # 8 on back of form)

## 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.

2007 HAY 21 AM 9: 40

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE

<ol><li>The true name(s) and business address business under the assumed business Name</li></ol>	s(es) of the entity or individual(s) doing name:  Complete Address
Mexanda M. Auclaire	596 Silver Beach Dr. Jevome, 1D 833
3. The general type of business transacted  Retail Trade Transporta  Wholesale Trade Constructi  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Est	ation and Public Utilities ion e Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
596 Silver Beach Dr. Lerome, ID 93338	PO Box 83720 Boise ID 83720-0080 208 334-2301
第05 Customs 596 Silver Beach Dr.	PO Box 83720 Boise ID 83720-0080 208 334-2301

IDAHO SECRETARY OF STATE

15/21/2007 05:00

CK: 103 CT: 158010 BH: 1954926

1 25.00 = 25.00 ASSUM NAME # 2

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