

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. 15 16 16:59

Please type or print legibly. NOTE: See instructions on reverse before filing.

The true name(s) and business address(es) of business under the assumed business name:	the entity or individual(s) doing Complete Address 626 S. 2nd West St. Anthony, ID 83445
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Jason Richart 626 S. 2nd West St. Anthony, ID 83445 5. Name and address for this acknowledgment copy is (if other than # 4 above):	
ature:	Secretary of State use only

IDAHO SECRETARY OF STATE

93/16/2006 95:00

CK: 3831 CT: 158010 BH: 943533

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