

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

	CERTIFICATE	OF THE STATE OF
	ASSUMED BUSIN Pursuant to Section 53-504, Idaho ( submits for filing a certificate of Assi	Code, the undersigned umed Business Name.
N	Please type or print legit NOTE: See instructions on reverse	bly.  B before filing.
1. The busi	11033 13,	he undersigned use(s) in the transaction of
	DRAGGIN'	AXLE CYUARTERHOUSES
2. The busii	true name(s) and business addre ness under the assumed business	ess(es) of the entity or individual(s) doing
$\sim$	Name	Complete Address
	hannon Dee Humble	114 W Hwy 31 Victor ID 83455
<i>V</i>	Dara Terese (Inderson	P.O. Box 506 VICTO 83455
3. The	general type of business transacte	ed under the assumed business name is:
	Retail Trade Transport	tation and Public Utilities
	, Wholesale Trade Construc Services Agricultu	
	Manufacturing Mining	Submit Certificate of Assumed Business
	Finance, Insurance, and Real Es	
. The r	name and address to which future spondence should be addressed:	=======================================
$\mathcal{T}$		
P.(	RAGGIN' AXLE QUARTERHOD. BOX 506	PO Box 83720 Boise ID 83720-0080
$\overline{V}$	ictor, ID 83455	208 334-2301
	e and address for this acknowled	gment Phone number (optional):
5. Nam	tion we want to the	208-709-1532
5. Nam copy	' IS (if other than # 4 above):	200 107-1532
5. Nam	IS (if other than # 4 above):	Secretary of State use only.

Printed Name: Dara Anderson

Capacity/Title:

(see instruction # 8 on back of form)

8/15/03

4.2202

IDAHO SECRETARY OF STATE 06/21/2004 05:00 CK: 1663 CT: 158018 BH: 751341 0 25.00 = 25.00 ASSUM NAME # 2