

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2003 MAR 20 AM 9: 03

STATE OF IDAHO

Heartland B	susiness Services
The true name(s) and business address(e business under the assumed business name Name Ruth Mackey	es) of the entity or individual(s) doing me: Complete Address 2095 Seid Creek Rd., Cambridge, ID 83610
The general type of business transacted u	nder the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Ruth Mackey P.O. Box 12 Cambridge, ID 83610	Submit Certificate of Assumed Business
 Name and address for this acknowledgme copy is (if other than # 4 above); Same 	ent Phone number (optional): 208 257-3570
	Secretary of State use only
ignature:	2002/60 Passive IDAHO SECRETARY OF STATE 03/20/2003 05 = 00 CK: 1946 CT: 158810 BH: 669758

DOSTOR