



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED/EFFECTIVE

2002 SEP 23 AM 9:41

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE
OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Dr. Tango

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Troy Stone

Complete Address

1505 N. Mink Creek Rd. Pocatello, ID 83204

3. The general type of business transacted under the assumed business name is:

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

4. The name and address to which future correspondence should be addressed:

Troy Stone

1505 N. Mink Creek Rd.

Pocatello, ID 83204

Submit Certificate of
Assumed Business
Name and **\$20.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

5. Name and address for this acknowledgment copy IS (if other than # 4 above):

Phone number (optional):

208-232-1717

Signature: Troy Stone

(signature required)

Printed Name: Troy Stone

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 07/2002

IDaho SECRETARY OF STATE
09/23/2002 05:00
CK: 1354 CT: 163683 BH: 489668
1 @ 20.00 = 20.00 ASSUM NAME # 2

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