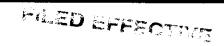


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



2003 AUG 22 AH 8: 46

STATE OF IDAHO

M2 E	nterprises	
The true name(s) and business address(est business under the assumed business name Name Matthew Ashcroft Pond	ne:	entity or individual(s) doing Complete Address W. Cave Bear Ct. Meridian, ID 83642
Melissa Jane Pond		W. Cave Bear Ct. Meridian, ID 83642
3. The general type of business transacted un 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:		Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson
Matt & Melissa Pond		Basement West PO Box 83720
305 W. Cave Bear Ct. Meridian, ID. 83642		Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above): Same as above	ent	Phone number (optional): 208-898-7663
		Secretary of State use only
gnature: (signature required) Inted Name: Matt rand	gilcorpiformslabn formalabn.p65 Ravisad 04/2003	D68261
pacity/Title: <u>Owner</u>	corpiforms/ Revise	IDAHO SECRETARY OF S ロおノ22/2のほよ は