(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned red

Tropper (seek) 2. The true name(s) and business address business under the assumed business	ss(es) of the entity or individual(s) doing s name is/are:
Name	Complete Address
Shawn R. Funderburg	2212 Gekeler Boise, ID B376
3. The general type of business transacte	ed under the assumed business name is:
Retail Trade Manufact Wholesale Trade Agricultur Services Construct	re
4. The name and address to which future correspondence should be addressed: Shown R. Fundarburg 2012	Phone number (optional): (308) 713-3347 Submit Certificate of Assumed Business
Buise ID 83706	Name and \$20.00 fee to:
5. Name and address for this acknowledg copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
inted Name. Shown Funderbury apacity: Owner	IDAHO SECRETARY OF STATE 92/20/2002 05:00 CK: 1539 CT: 157526 BH: 447164 1 @ 20.00 = 20.00 ASSUM NAME # 2

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