

Capacity/Title: <u>dwner</u>

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2005 730 27 6110:17

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.

2. The true name(s) and business address business under the assumed business name Name Brian Kell	name: Complete Address
3. The general type of business transacted Retail Trade Transportat Wholesale Trade Construction	tion and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledg copy is (if other than # 4 above). 	ment Phone number (optional): 208 755-893/
gnature:	Secretary of State use only Sod ugas way uga

IDAHO SECRETARY OF STATE 02/28/2006 05 = 00 CK: NO CK # CT: 158010 BH: 940065 1 @ 25.00 = 25.00 ASSUM NAME # 2

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