

Capacity/Title: Our Dec

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED STEECTIVE

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

2005 APR 28 AM 9: 27

Please type or print legibly.
NOTE: See instructions on reverse before filing.

SIATE OF IDAHO

| The assumed business name which the undersigned business is: May With AMOP | |
|--|--|
| 2. The true name(s) and business address(es) of the business under the assumed business name: Name Pobert Taylor R | Complete Address 2417 Sauta Cruz 20:56 Id. 83709 |
| 3. The general type of business transacted under th | e assumed business name is: |
| Retail Trade Transportation and F Wholesale Trade Construction | Public Utilities |
| Services | Submit Certificate of Assumed Business Name and \$25.00 fee to: |
| 4. The name and address to which future correspondence should be addressed: Robert Taylor 6417 Sawta Cruz Da Soise Jd. 83799 | 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 | Phone number (optional): |
| COPY IS (if other than # 4 above): | (208) 577-7140 |
| | Secretary of State use only |
| nature: Solution required name: Robert 1 4/60 signature required solutions as a solution of the solution of th | |
| nted Name: Robert taylor self-self-self-self-self-self-self-self- | |

IDAHO SECRETARY OF STATE

04/28/2005 05:00

CK: 1366 CT: 158818 BH: 887161

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