

Printed Name:

Capacity/Title: OWNE

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned

FILED EFFECTIVE

2006 JAN 17 AM 9: 46

SECRETARY OF STATE OF STATE

submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

| entity or individual(s) doing  Complete Address  1985, Ustu Loop  A. Id., 83814  |
|--|
|  |
| Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Bolse ID 83720-0080 208 334-2301 |
| Phone number (optional):  (2085 667-648 0  Secretary of State use only   |
|  |

IDAHO SECRETARY OF STATE

91/18/2006 05:00

CK: 8332 CT: 158010 BH: 932547

1 0 25.00 = 25.00 ASSUM NAME # 2

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