

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE 2009 NOV 23 PM 3: 27

SEUNE PARY OF STATE STATE OF IDAHO

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

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2. Ti	ne true name(s) and business address(es) usiness under the assumed business name Name Timothy John Harral	of the entity or individual(s) do e: Complete Address 2092 Julie lane, Twin Falls, Idah	
3. Th	ne general type of business transacted und		e is:
COI	Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate e name and address to which future respondence should be addressed: imothy John Harral	Submit Certificate of Assumed Business Name and \$25.00 fee Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301	
5. N	win Falls, Idaho 83301 ame and address for this acknowledgment ppy is (if other than #4 above):	,	_
		Secretary of State us	e only
 nature		Title labor period	*
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