Printed Name

Capacity/Title:_

Owner

(see instruction # 8 on back of torin)

CERTIFICATE OF ASSUMED BUSINESS NAME

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(e business under the assumed business na | es) of the entity or individual(s) doing |
|--|--|
| Name | Complete Address |
| Kathy C. Deakins | 2422 12th Hue ROL(313) |
| | Mampa, Id., 83686-6300 |
| 3. The general type of business transacted u | nder the assumed business name is: |
| F 3 | n and Public Utilities |
| Services Agriculture | Submit Certificate of |
| Manufacturing Mining Finance Insurance and Roal Estate | Assumed Business |
| - Finance, modulice, and Real Estate | Name and \$25.00 fee to: |
| . The name and address to which future | Secretary of State |
| correspondence should be addressed: | 700 West Jefferson Basement West |
| Kathy C Deakins | PO Box 83720 |
| 2422'12+1 Ave. Rd. (313) | Boise ID 83720-0080 208 334-2301 |
| nampa, Id., 83686-6300 | 200 334-230 } |
| Name and address for this acknowledgme copy is (6 other than # 4 above); | ent Phone number (optional): |
| | |
| | Secretary of State use only |

IDAHO SECRETARY OF STATE
07/05/2005 05:00
CK: 5151 CT: 158010 BH: 619436
1 0 25.00 = 25.00 ASSUM NAME # 2

D89387