## **CERTIFICATE OF**

| ASSUMED BUSINESS NAN Plateuant to Section 53-504, Idaho Code, the unders submits for filing a certificate of Assumed Business N   | <b>/E</b>                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Please type or print legibly.  NOTE: See instructions on reverse before filing.                                                   | JE OF JOAHO                                                                                                      |
| 1. The assumed business name which the undersigne business is:                                                                    |                                                                                                                  |
| 2. The true name(s) and business address(es) of the ebusiness under the assumed business name:  Name  Oshan Domas  Oshan Domas    |                                                                                                                  |
| 3. The general type of business transacted under the assumed business name is:  Retail Trade  Transportation and Public Utilities |                                                                                                                  |
| Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate                        | Submit Certificate of<br>Assumed Business<br>Name and <b>\$25.00</b> fee to:                                     |
| 4. The name and address to which future correspondence should be addressed:  10328 N. Government way Hay Jen, 1093935             | Secretary of State<br>700 West Jefferson<br>Basement West<br>PO Box 83720<br>Boise ID 83720-0080<br>208 334-2301 |
| 5. Name and address for this acknowledgment copy is (if other than # 4 above);                                                    | Phone number (optional): 208-667-6183                                                                            |
| 1981 Glosel Pell' Circle                                                                                                          | Secretary of State use only                                                                                      |

Signature; Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

02/04/2004 05:00

CK: 1110 CT: 158010 BH: 725441

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