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Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. Please type or print legibly.	LED EFFECTIVE MAR 27 AN 8: 41 CRETARY OF STATE STATE OF IDAHO
2. The true name(s) and business address(es) of the entity or individual business under the assumed business name: Name Complete A MELANIE OLSON 1409 N 7- COEUR D AI	Address
 Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: MELANIE OLSON IMON 17TH STREET COELLE DALENE, TD \$3814 Name and address for this acknowledgment copy is (if other than # 4 above): 	ertificate of Business \$25.00 fee to: etary of State Street 720 720-0080
Signature: <u>MELANE OLSON</u> Capacity/Title: <u>OLSON</u> (signature required) Capacity/Title: <u>OLSON</u> (see instruction # 8 on back of form)	IDANO SECRETARY OF STATE 3/27/2009 05:00 : 1169 CT: 156010 BH: 1163210 25.00 = 25.00 ASSUM NAME # 2 D129395

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