

CERTIFICATE OF ASSUMED BUSINESS NAME

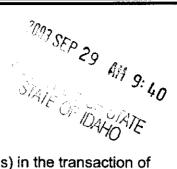
Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Capacity/Title: OWNER ODERCATOR

(see instruction # 8 on back of form)



 The assumed business name which the undersigned business is: POOZ KORPE The true name(s) and business address(es) of the error 	EIN 55-0846539
business under the assumed business name: Name Jennifer Sue Harley 121 Con	Complete Address and Auf E Apt A Octing ID 83330
3. The general type of business transacted under the assemble of the second of the sec	司
5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional): (208)934-8577
Signature: Jenny Fer Horley Printed Name: Jenny Fer Horley	Secretary of State use only

IDAHO SECRETARY OF STATE
10/03/2003 05 200
X: 3790940706 CT: 156010 BH: 704640
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