Printed Name:

Capacity/Title:

e: Oww.
(see instruction # 8 on back of form)

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

08 OCT 28 PM 1: 01

SECREMANY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

business under the assumed bu	address(es) of the entity or individual(s) doing usiness name:
Name	Complete Address
Jason G. Hall	192 Taylor St.
	Eagle, 10 83666
Retail Trade Trade Trade Co	future Idaho Secretary of State
5. Name and address for this acking copy is (if other than # 4 above):	nowledgment

IDAHO SECRETARY OF STATE
10/28/2008 05:00
CK: 165497 CT: 172099 BH: 1142044
1 0 25.00 = 25.00 ASSUM NAME # 2

D125883