



Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME 2006 FEB - 1 AM 9: 20

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

Please type or print legibly. NOTE: See instructions on reverse before fil	ling.
The assumed business name which the unders business is:	igned use(s) in the transaction of
2. The true name(s) and business address(es) of business under the assumed business name: Name Name 29	the entity or individual(s) doing Complete Address WWW 7000 Mala ID 83252
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature Line House (signature required) Printed Name: Joshwa B Bindlisbouko	Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE O2/01/2006 05:00 CK: 896 CT: 158818 BH: 935338 1 8 25.88 = 25.08 ASSUM NAME # 2