## 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.

| The true name(s) and business address(es) of                                                              | the entity or individual(s) doing                                                                                |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| business under the assumed business name:                                                                 | e emily et marriadal(e) demig                                                                                    |
| Name                                                                                                      | Complete Address                                                                                                 |
| Shawn R. Kuest                                                                                            | 412 N. Pointe Dr.                                                                                                |
| 7                                                                                                         | win Falls oldaho                                                                                                 |
|                                                                                                           | 8.330/                                                                                                           |
| Retail Trade Transportation and Wholesale Trade Construction                                              | l Public Utilities                                                                                               |
| Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate                           | Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:                                           |
| The name and address to which future correspondence should be addressed:  Shaun Kust  14/12 N. Pointe Ar. | Secretary of State<br>700 West Jefferson<br>Basement West<br>PO Box 83720<br>Boise ID 83720-0080<br>208 334-2301 |
|                                                                                                           | Phone number (optional):                                                                                         |
| Name and address for this acknowledgment copy is (if other than # 4 above):                               |                                                                                                                  |

Signature: Shawn Kuest

(see instruction # 8 on back of form)

Capacity/Title:\_

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IDAHO SECRETARY OF STATE

10/18/2004 05:00

CK: 2240 CT: 158810 BH: 771549

1 8 25.80 = 25.80 ASSUM NAME # 2

FILED