FILED EFFECTIVE



Capacity/Title: Owner

(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.

2006 OCT 23 | Ait 9: 03

Please type or print legibly. NOTE: See instructions on reverse before filing.

The true name(s) and business address(e business under the assumed business named business address(e business address).	me:
Name	Complete Address
Shayne K. Remington	_735 Nina Dr.
Ellen Remington	Rexburg, ID
	83440
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Remington Chem Dry	Secretary of State 700 West Jefferson Basement West
P.O. BOX 82 Rexburg, ID 83440	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	nt Phone number (optional): 208 356-6116
	Secretary of State use only

IDAHO SECRETARY OF STATE
10/24/2006 05:00
CK: 5402 CT: 205763 BH: 984317
1 0 25.00 = 25.00 ASSUM NAME # 2