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CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 5 AUG 12 $\,$ AM 9: 16 submits for filling a certificate of Assumed Business Name.

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

SECRETARY OF STATE STATE OF IDAHO

The true name(s) and business address business under the assumed business. Name	eaning s(es) of the entity or individual(s) doing name: Complete Address
Darla Wyatt	Loes Mark Ave Idahofalls, IO. 83401
The general type of business transacted Retail Trade Transporta Wholesale Trade Constructi Services Agriculture Manufacturing Mining	ation and Public Utilities ion e Submit Certificate of
Finance, Insurance, and Real Esta The name and address to which future correspondence should be addressed: Darla Wyatt Loss Mark Ave Idaho Falls, Tal. 83 401	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
5. Name and address for this acknowledge copy is (if other than # 4 above):	gment Phone number (optional):
	Secretary of State use only
ed Name: Darla Wyatt acity/Title: Owner (see instruction # 8 on back of form)	Second of Secretary of STA

08/12/2005 05:00 CK: 6245 CT: 158810 BH: 985858 8 25.00 = 25.00 ASSUM MANE # 2

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