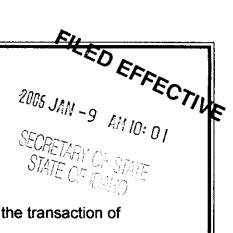


CERTIFICATE OF ASSUMED BUSINESS NAME

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	HOWE OF THE STATE
1. The assumed business name which the undersignate business is: Triple Cross Furniture	. ,
2. The true name(s) and business address(es) of the business under the assumed business name: Name Kevin Mallory 2632 Cecelia Mallory 2632	Complete Address 24 N. Warren Rd Athol, ID 83801
3. The general type of business transacted under the Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Triple Cross Furniture Co. P. O. Box 1252 Rathdrum JD 83858	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 acknowledgment copy is (if other than # 4 above):	Phone number (optional): (208) 691-2536
	Secretary of State use only
Signature: <u>Clclia Mallory</u> Printed Name: <u>Clcclia Mallory</u> Capacity/Title: <u>Owner</u> (see instruction #8 on back of form)	IDAHO SECRETARY OF STATE 01/09/2006 05:0 CK: 8076 CT: 158010 BH: 93105 1 @ 25.00 = 25.00 ASSUM NAME

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