

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned 2006 APR 24 Ali 8: 55 submits for filing a certificate of Assumed Business Name.

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

SECRETARY OF STATE
STATE OF IDAYO

NOTE: See instructions on reverse before filing	9. STATE OF DUBO
The assumed business name which the undersign business is:  Torsion Tables	ned use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Michelle D Hummel Po  ———————————————————————————————————	e entity or individual(s) doing  Complete Address  Box 3064 Hayden, ID  83835
3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:    Michelle D Humme   PO Box 3004   Hayden ID 83835	
5. Name and address for this acknowledgment copy is (if other than # 4 above);	Phone number (optional):  208 659 1951
	Secretary of State use only
Signature: Michelle Hummel  Printed Name: Michelle D Hummel  Capacity/Title: Owner  (sociaty/title: Owner)	IDAHO SECRETARY OF STATE <b>04/24/2006 05:00</b> CK: 3733 CT: 158010 BH: 950739 1 0 25.00 = 25.00 ASSUM NAME N 2

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