

(see instruction # 8 on back of form)

CERTIFICATE OF

Secretary of State

D86791

Pursuant to Section 53-504, Idaho Code, the undersigned LEDYEFF SCAULES

submits for filing a certificate of Assumed Business Name

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

STATE OF IDAHU

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The assumed business name which the und business is: Custom Quality	· · ·
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name Soseph Michael Wolcot	e: <u>Complete Address</u>
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: 31741 N. Barbara Ave. Spirit Lake ID 83869	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above). 	Phone number (optional): (208) 818-5508
Signature:	Secretary of State use only IDAHO SECRETARY OF STATE 04/18/2005 05:00 CK: 102 CT: 158010 BH: 805191 1 9 25.00 = 25.00 ASSUM NAME # 2
	D810791