

Printed Name: Terry E Pratt

(see instruction # 8 on back of form)

Capacity/Title: Owner

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2855 SEP 28 AM 8: 38

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

SECRETARY OF STATE
STATE OF LAND

2. The true name(s) and <u>business</u> address(e business under the assumed business na	es) of the entity or individual(s) doing
<u>Name</u>	Complete Address
Terry E Pratt	3848 N 2700 E
	Twin Falls, Idaho, 83301
Services Agriculture X Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future	Secretary of State
Correspondence should be addressed: Nightmare Choppers c/o Terry E 3848 N 2700 E Twin Falls, Idaho, 83301	700 West Jefferson Basement West Pratt PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgme copy is (if other than # 4 above): 	ent Phone number (optional):

IDAHO SECRETARY OF STATE

@9/28/2005 @5 # 20

CX: 8353784144 CT: 158810 BH: 913988
1 0 25.00 = 25.00 ASSUM MANE # 2

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