

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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.

09 SEP -8 AM 8: 40

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(es) of the business under the assumed business name: Name BRYAN KEITH SILVA 50	Complete Address
The general type of business transacted under the Retail Trade Transportation and I Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: P.O.Box 88/8 Mas Cow, TD 83843	
i. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State use only

IDANG SECRETARY OF STATE

@9/08/2009 @5:00

CK: 13697 CT: 158010 BH: 1186162
1 0 25.00 = 25.00 ASSUM MANE # 2