Capacity/Title: Owner

(see instruction # 8 on back of form)

PILED EFFECTIVE **CERTIFICATE OF** ASSUMED BUSINESS NAME

2005 MAY -5 (3) 9: 20

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

STATE OF TOAHO

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

The true name(s) and business address(es) or business under the assumed business name:	f the entity or individual(s) doing
Name	Complete Address
JONNY K. McCreary	4881 Cascade Ed Emmett, ID 83617
The general type of business transacted unde	r the assumed business name is:
Retail Trade Transportation ar	nd Public Utilities
 Wholesale Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Jonny K-MCCreary	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
4881 Cascade Rd.	208 334-2301
Emme H, ID 93617	
 Name and address for this acknowledgmen copy is (if other than #4 above). 	Phone number (optional):
	208-794-4435

05/05/2005 05:00 CK: 726 CT: 158010 BH: 808684 1 0 25.00 = 25.00 ASSUM NAME # 2