

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

FILED EFFECTIVE

2001 AUG 18 PH 1: 14

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the undersite business is: Compared to the content of th	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Victoria The research type of business transacted under	Complete Address 134 Pennwood Meridia Id. 83642
3. The general type of business transacted under Retail Trade	
4. The name and address to which future correspondence should be addressed: Timothy ? Victoria Hamblin 734 Pennusod Meridia TJ 8342	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 571-581/ 895-0328
	Secretary of State use only
Signature: Jan Handle Printed Name: Management Capacity/Title: Our part Oxygen	IDAHO SECRETARY OF STATE 98/16/2004 05:00 CK: 1250 CT: 158010 BH: 761082 1 9 25.00 = 25.00 ASSUM NAME # 2