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CERTIFICATE OF	FILED EFFECTIVE
ASSUMED BUSINESS NAM Pursuant to Section 53-504, Idaho Code, the undersi	gned
submits for filing a certificate of Assumed Business N Please type or print legibly.	
NOTE: See instructions on reverse before filing.	STATE OF IDAHO
<ol> <li>The assumed business name which the undersigned use(s) in the transaction of business is:</li> </ol>	
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address <u>Ull Edward Arderson</u> 3085 Agalea <u>Past Falls, Sa 83854</u>	
<ul> <li>3. The general type of business transacted under the a</li> <li>Retail Trade</li> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Mining</li> <li>Finance, Insurance, and Real Estate</li> <li>4. The name and address to which future correspondence should be addressed:</li> <li>3085 Galea</li> <li>3085 Galea</li> <li>3085 Galea</li> <li>3085 Galea</li> </ul>	
<ol> <li>Name and address for this acknowledgment COPY IS (if other than # 4 above):</li> </ol>	Phone number (optional): 208-691-3432 208-777-7414
	Secretary of State use only
Signature: <u>Cole</u> <u>Autor</u> (signature required) Printed Name: <u>Cole</u> <u>FollwARJ Autor</u> Capacity/Title: <u>Signature required</u> (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 03/04/2003 05::00 CK: 2655 CT: 156819 BH: 666221 1 8 28.00 = 28.00 ASSUM NAME # 1 0 63077