



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.

2005 FEB 22 PM 2:37

CLERK
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

SHOP LIZARDS

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

TOBIN C. ALDER

PAMELA A. MOSBRUCKER

Complete Address

852 W. CENTER, POCATELLO, ID. 83204

1222 N. GRANT, POCATELLO, ID. 83204

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

SHOP LIZARDS

P.O. BOX 91, POCATELLO, ID. 83204-0091

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

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):

N/A

Phone number (optional):

(208)-406-3960

Secretary of State use only

Signature:

Tobin C. Alder
(signature required)

Printed Name:

TOBIN C. ALDER

Capacity/Title:

PRESIDENT

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
02/22/2005 05:00
CK: 8251023778 CT: 150010 BH: 794527
1 @ 25.00 = 25.00 ASSUM NAME # 2

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