

CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE Pursuant to Section 53-504, Idaho Code, the undersigned JAN 24 AM 8: 34 submits for filing a certificate of Assumed Business Name RETARY OF STATE Please type or print legibly. STATE OF IDAHO **CERTIFICATE OF**

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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The assumed business name which the undersigned business is: DH DEFRE TRACE	
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address	
neil E. McGras 7135	Antole
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Public Utilities Wholesale Trade Construction	
Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Teil E. W. Co.	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): 208-251-1021(0
	Secretary of State use only
Signature: Printed Name: Capacity/Title: (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 01/24/2008 05:00 CX: 5669 CT: 158018 BH: 1896177 1 0 25.00 = 25.00 ASSUM NAME 0 2