

Signature: ____

Capacity/Title: OWNER

Printed Name: Loculty Michael E-

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2005 SEP 27 AN 8: 25

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF DAYO

 The assumed business name which the undersig business is: EAGLEBITE KN. The true name(s) and <u>business</u> address(es) of the 	IVES
business under the assumed business name: Name	Complete Address
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
 4. The name and address to which future correspondence should be addressed: Intel E. Cornett 5006 ASPEN LOOP MHAFB; ID 83648 5. Name and address for this acknowledgment copy is (if other than #4 above): 	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): (201) 832-2017
99d w	Secretary of State use only

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IDAHO SECRETARY OF STATE
99/27/2005 05:00
CK: 1092 CT: 158010 BH: 913769
1 9 25.00 = 25.00 ASSUM NAME # 2

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