

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.

The true name(s) and business address(es) of the e usiness under the assumed business name: Name	entity or individual(s) doing
	Complete Address P.O. Box 667 Buhl, ld 83316
Tracy Harr Tim Harr	P.O. Box 667 Buhl, ld 83316
The general type of business transacted under the a Retail Trade	blic Utilities Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Tracy Harr P.O. Box 667	Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
Buhl, Id. 83316	208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):208 543-6964

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11/12/2004 05:06
CK: 9658 CT: 183656 BH: 776197 25.00 ASSUM HAME # 2

Capacity/Title:_ (see instruction # 8 on back of form)

(signature required)

Tracy Harr

partner

Signature:

Printed Name: __