

Signature:

Printed Mame.

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

2005 FEB -2 AM 8: 58

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

STAIL OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:	
2. The true name(s) and business address(es) of the business under the assumed business name: Name Tim Dawson [03]	e entity or individual(s) doing Complete Address N. Cuntis Rd, Boiss, Id 8310
Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
The name and address to which future correspondence should be addressed: Tim DAWSON 103 N. Curris Road Buise Talaho 83702	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): SAME	Phone number (optional): 195-0106 454-1109 Secretary of State use only

IDANO SECRETARY OF STATE 02/03/2005 05:00 CK: 4153 CT: 158818 BH: 798948 1 8 25.88 = 25.88 ASSUM MANE # 2

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