

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.

1.	The assumed business name which the undersigned business is: Allen Drywal	d use(s) in the transaction of
2.	The true name(s) and business address(es) of the elbusiness under the assumed business name: Name 143 Richard	Complete Address 1 1 200 E
3.	The general type of business transacted under the all Retail Trade	
	The name and address to which future correspondence should be addressed: Tohn Allen 1431 A 200 E Rich Field Jda Name and address for this acknowledgment	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
	COPY IS (if other than # 4 above).	Secretary of State use only

g:\corp\forms\abn forms\abn.p6 Revised 04/2003 N162058

FILED EFFECTIVE

SECRETARY OF STATE OF STATE

IDAHO SECRETARY OF STATE

07/21/2006 05:00

CK: 4392 CT: 158810 BH: 966856
1 0 25.00 = 25.00 ASSUM NAME # 2

Capacity/Title: <u></u> いいたのの (see instruction # 8 on back of form)

Signature: +

Printed Name: