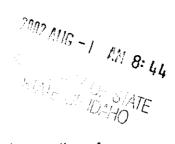


CERTIFICATE OF ASSUMED BUSINESS NAME

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.

(see instruction # 8 on back of form)



	Give Quest
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address	
Steve Little	Complete Address 5910 N Cosworth PI Boise ID 83713-1264
	
Maureen Little	5910 N Cosworth PI Boise ID 83713-1264
3. The general type of business trans	acted under the assumed business name is:
	portation and Public Utilities truction
Services Agric	sulture Submit Certificate of
☐ Manufacturing ☐ Minin	g Assumed Business Name and \$20.00 fee to:
Finance, Insurance, and Rea	Il Estate
4. The name and address to which ful	
correspondence should be address	sed: 700 West Jefferson
Steve Little	Basement West PO Box 83720
5910 N Cosworth Pl	Boise ID 83720-0080
Boise ID 83713-1264	208 334-2301
5. Name and address for this acknown copy is (if other than # 4 above):	wledgment Phone number (optional):
	Secretary of State use only
gnature: Lun Wille	Options the control of the control o
(signature required)	Berian formation of the first state of the first st
mico Hame:	IDAHO SECRETARY OF STA
apacity/Title: Co-Owner	98/01/2002 05

CK: 1228 CT: 114019 BH: 480310 1 @ 20.00 = 20.00 ASSUM NAME # 2

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