

Capacity/Title:___0ww

(see instruction # 8 on back of form)

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. FILED EFFECTIVE

2006 JUN 29 AM 9: 12

SECRETARITY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned business is: WO RIVERS TAKING POST TOTAL POST TO	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Ash	entity or individual(s) doing Complete Address FOUTH HIGHWAY 20 ON Idano 83420
3. The general type of business transacted under the Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: Hans Varderbeek P.D. Box 617 FSLAND Park Jdaho 83429	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 80 -589-35 0
Signature: (signature required) Printed Name: HANS VANDERBEK	IDAHO SECRETARY OF STATE O6/29/2006 05:00 CK: 1514 CT: 281822 PM: 6723

06/29/2006 05:00 CK: 1514 CT: 201892 BH: 962631 1 0 25.00 = 25.00 ASSUM NAME # 2