

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

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

01 NOV 30 AM 8:59

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the und business is:	dersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name Neton	of the entity or individual(s) doing e: Complete Address 11 Brownway 133-138 Boise 10 83702
- Retail Flade	nder the assumed business name is:
 Wholesale Trade Services Manufacturing Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: 11 b(04) www 133-138	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above).	ent Phone number (optional):
	Secretary of State use only
Signature: U. Youwt Melfor h. Printed Name: D. Forrest. Meltoner Capacity: President Owner	IDAHO SECRETARY OF STATE 11/30/2001 05:00 CX: 1228 CT: 154165 BH: 432837 1 9 20.00 = 20.00 ASSUM NAME # 3
(see instruction #8 on back of form)	D 50202