

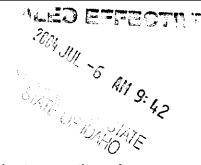
## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

OTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)



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| NOTE: See instructions on reverse before   | ore filing.   | <u> </u>                    |  | TO TO THE                                | 197E      |
|--|---|-----------------------------|--|--|-----------|
| <ol> <li>The assumed business name which the ur business is:</li> </ol>                    | ndersigne   | ed use(s) in th             | ne trai  | nsaction o                               | f         |
| WETIS CREEK WOOD   | اصدا د  | eks                         |  |  |           |
| The true name(s) and <u>business</u> address(es business under the assumed business names) | •   | •                           |  |  |           |
| Name<br>DAVID LIBERTY  | Complete Address  433 DECKER RD OLDTOWN, 1D 838                                 |                             |  |  |           |
| PETER DEC  | <u>433</u>  | ALMA'S                      |  |  | RIVER, ID |
|  |   |                             |  |  | 42856     |
| 3. The general type of business transacted un  | nder the  | assumed bus                 | siness   | name is:                                 |           |
| Retail Trade   | ·   | Submit 0                    | d Busind <b>\$25</b><br>ry of St<br>st Jeffe<br>nt Wes<br>83720<br>83720 | ness<br>.00 fee to:<br>ate<br>rson<br>st |           |
|  |   | Secretary of State use only |  |  |           |
| Signature: David Liberty  Printed Name: DAVID LIBERTY  Capacity/Title: PARTNER             | ## Secure Tary of State    IDAHO SECRETARY OF STATE    OF / O6 / 2004   O5 = 00 |                             |  |  |           |