Printed Name: _

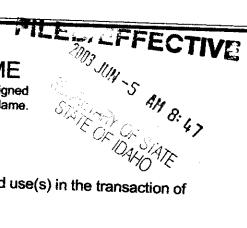
Capacity/Title:

(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.



2. The true name(s) and business address(es) of the business under the assumed business name: Name Alan R. Deardorff 15	he entity or individual(s) doing Complete Address Pakathy St., Emmett, Idah
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Alan R. Deardor F 1592 Karthy Street Emmett, Toaho 83617	
5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional): (208) 284-4833

IDAHO SECRETARY OF STATE 06/05/2003 05:00 CK: 1453 CT: 158010 BH: 684272 1 0 25.00 = 25.00 ASSUM NAME # 2

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