CERTIFICATE OF ASSUMED BUSINESS (Please type or print legibly. See instructions on rever	S NAME
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersi gives notice of adoption of an Assumed Business Na	
The assumed business name which the undersigned use business is: TWO TIRED TRADER	` ,
2. The true name(s) and business address(es) of the entity business under the assumed business name is/are: Name P.O. B.	or individual(s) doing
	5 Junia, J. 83428
3. The general type of business transacted under the assumed business name is: (mark only those that apply)	
	nsportation and Public Utilities ance, Insurance, and Real Estate ing
4. The name and address to which future Phone number (optional): correspondence should be addressed:	
P.O Bay 5 Irwin, St. 85428	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
P.O. Boy 5 Drwin, Sd. 83428	Secretary of State use only [DRM] SECRETARY IN STATE
Signature: Orcelle & Kushey (%)	04/25/1998 09:00 65939/60202 01:9/858 00:105135 1 0 20:00 = 20:00 ASSUM NAME
Printed Name: Oyville E Huskey	D 14381
Capacity: Owner (see instruction # 8 on back of form)	, , , , , , , , , , , , , , , , , , , ,