Capacity/Title: Own Ca

(see instruction #8 on back of form)

CERTIFICATE OF

FILED EFFECTIVE

ASSUMED BUSINESS NAME 10 MAR 31 AM 10: 17

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business NamSECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

The assumed business name which the undersigne business is:	
The true name(s) and business address(es) of the elements business under the assumed business name: Name Tonathan D. Marrow 1054.	entity or individual(s) doing Complete Address 2 Rolay CZ Bolsy Zd 8318
. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Anathan D. Marrow Costa Riag 23 209 Name and address for this acknowledgment copy is (if other than #4 above):	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
(COP) 10 (II odici alan # + aboro).	Secretary of State use only
nature: All Delivers (afginature required) ited Name x 2003 7000 D. Marrow	0138111