FILED EFFECTIVE

AME DAHO PERME



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned of FFR 24 All 8: 39 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

| 1. The assumed business name which the undersigned use(s) in the transaction of business is: \[\int \acksigma \lambda \lambda \acksigma | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| | 24018 Parn | Complete Address Ratt Corner RD 20, 10 83660 |
| 3. The general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future | | |
| correspondence should be addressed: 24018 Batt Corner RI Parma 110 83660 5. Name and address for this acknowledgment | į | Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): |
| copy is (if other than # 4 above): That The Ender Palk Land Hoe School Palk Canacity/Title: Copy is (if other than # 4 above): That The Ender Palk Canacity/Title: Copy is (if other than # 4 above): That The Ender Palk Canacity/Title: Copy is (if other than # 4 above): Canacity/Title: Copy is (if other than # 4 above): Canacity/Title: Copy is (if other than # 4 above): Canacity/Title: Copy is (if other than # 4 above): Canacity/Title: Copy is (if other than # 4 above): Canacity/Title: Copy is (if other than # 4 above): Canacity/Title: Copy is (if other than # 4 above): Canacity/Title: Copy is (if other than # 4 above): Canacity/Title: Copy is (if other than # 4 above): Canacity/Title: Copy is (if other than # 4 above): Canacity/Title: Copy is (if other than # 4 above): Canacity/Title: Copy is (if other than # 4 above): Canacity/Title: Copy is (if other than # 4 above): Canacity/Title: Copy is (if other than # 4 above): Canacity/Title: Copy is (if other than # 4 above): Canacity/Title: Copy is (if other than # 4 above): Canacity/Title: Copy is (if other than # 4 above): Canacity/Title: Copy is (if other than # 4 above): Canacity/Title: Copy is (if other than # 4 above): Canacity/Title: Copy is (if other than # 4 above): Canacity/Title: Copy is (if other than # 4 above): Canacity/Title: Copy is (if other than # 4 above): Canacity/Title: Copy is (if other than # 4 above): Canacity/Title: Copy is (if other than # 4 above): Canacity/Title: Copy is (if other than # 4 above): Canacity/Title: Copy is (if other than # 4 above): Canacity/Title: Copy is (if other than # 4 above): Canacity/Title: Copy is (if other than # 4 above): Canacity/Title: Copy is (if other than # 4 above): Canacity/Canacity/Canacity/Canacity/Canacity/Canacity/Canacity/Canacity/Canacity/Canacity/Canacity/Canacity/Canacity/Canacity/Canacity/Canacity/Canacity/Canacity/Canacity/Canacity/Canacity/Canacity/Canacity/Canacity/Canacity/Canacity/Canacity/Canacity/Canacity/Canacity/Canacity/Can | g-toorpitomstabn formstabn.p65 Rewsed 04/2003 | Secretary of State use only IDAHO SECRETARY OF STATE 02/24/2004 05:00 CK: 5040 CT: 158010 BH: 729118 1 8 25.00 = 25.00 ASSUM NAME # 2 |
| (see instruction # 8 on back of form) | , is | |