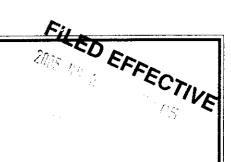


## CERTIFICATE OF ASSUMED BUSINESS NAME



D89991

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.

The assumed business name which the undersigned use(s) in the transaction of business is:      \[ \sum_{SARBEQUE} \]	
2. The true name(s) and business address(es) business under the assumed business name Name  Solmy Aker  Kim Aker	
3. The general type of business transacted und 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:    Johny & Kim Aker   100	er the assumed business name is: and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):  Signature:  (signature required)  Printed Name:  Dolary Aker  Capacity/Title:  (When	Phone number (optional):  208 773-3634  509 994-3810 cert  Secretary of State use only  IDAHO SECRETARY OF STATE  97/25/2005 05:00  CK: 2705 CT: 158010 BH: 822938 1 9 25.00 = 25.00 ASSUN NAME # 2