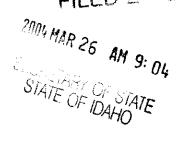
## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.



03/26/2004 05:00 CK: 1352 CT: 158010 BH: 735717 1 0 25.00 = 25.00 ASSUM NAME # 2

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Capacity/Title: <u>Nancy Johanseh OWNER</u>. (see instruction # 8 on back of form)

Essence	
The true name(s) and business address(es business under the assumed business nan Name  Name	s) of the entity or individual(s) doing ne: Complete Address 1586 Jahhra Ave CDA ID 83815
. The general type of business transacted u	nder the assumed business name is:
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:  Nancy To hansen  1586 Tabbra Ave Coeur d Alene TO 83815	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  Phone number (optional):
COPY IS (if other than # 4 above):	208 765-6216
nature: Many Johanson	Secretary of State use only  IDAHO SECRETARY OF STATE