Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

2083223330

FILED EFFECTIVE

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

E ME LE IDATIO Please type or print legibly.

NOTE: See instructions on reverse before filing. adoreigned use(s) in the transaction of

| 1. The assumed business name which the undersigned business is: | use(s) in the transaction of |
|--|---|
| 2. The true name(s) and business address(es) of the er business under the assumed business name: Name Publicia Perkin S 141 Clinisto pleir Brown Name | ntity or individual(s) doing Complete Address 9 F. Descrit Vian Way Pa, ID 83 686. |
| 3. The general type of business transacted under the a Retail Trade Transportation and Pub Construction Services Agriculture Manufacturing Mining | Submit Certificate of Assumed Business |
| Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Rocca Rentins and Christopher Rown 1419 E. Desent View Way Oursea TD 83686 | 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 acknowledgment copy is (if other than #4 above): | Phone number (optional): 442-7189 |
| Ruffer 2 | Secretary of State use only |

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IDAHO SECRETARY OF STATE

@2/20/2004 @5:00

CK: 22033327623CRB CT: 172099 BH: 728597
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