

(ee instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. Secretary of State Business Entities willigh state id us/ 2006 FEB -9 AM 9: 37

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

SECRETARY OF STATE STATE OF IDAGO

1. The assumed business name which the undersigned use(s) in the transaction of	
business is: CRUIZIN FRIENDS	
2. The true name(s) and <u>business</u> address(es) of the er business under the assumed business name: Name Corrected McMillen Polyage NAY	Complete Address
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: CBX2124 NACCESTO SS(35)	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 acknowledgment / copy is (if other than # 4 above):	Phone number (optional): 208 162 1530
	Secretary of State use only
Signature: Color McMileN (signature required) Printed Name CORALC MCMILEN EXPONDED CApacity/Title OUNLY	IDAHO SECRETARY OF STATE 02/09/2006 05 = 00 CK: 2350 CT: 158010 BH: 936906 1 0 25.00 = 25.00 ASSUM NAME # 1