

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

Please type or print legibly. NOTE: See instructions on reverse befo	re filing.
The assumed business name which the und business is: Homeland Distractions	dersigned use(s) in the transaction of
2. The true name(s) and business address(es) business under the assumed business name Name Suzanne Carpentier	of the entity or Individual(s) doing e: Complete Address PO Box 174 2501 EIKCreek Rd EIK C. 14 ID 83525
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Nomeland Distribution To Suzanne Carpentien Po Box 174	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):	208-842-2835
•	Secretary of State use only

Signature: Servanne Carpentier

Printed Name Suzanne Carpentier

Capacity/Title: Owner

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

99/19/2003 05:00

CK: 2032 CT: 150010 BH: 702528

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