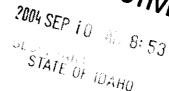


CERTIFICATE OF ASSUMED BUSINESS NAME

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.

many to the control of the control o	d was (a) in the transportion of
1. The assumed business name which the undersigned use(s) in the transaction of	
business is:	
The two name (a) and husiness address (as) of the a	entity or individual(s) doing
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:	
Name	-Complete Address
Jac Baraman H	ROX 4060 1255
The state of the s	
Life Stal William Sta	
	53867
3. The general type of business transacted under the a	assumed business name is:
Retail Trade Transportation and Put	olic Utilities
Retail Trade Transportation and Put Wholesale Trade Construction	
Services Agriculture	
	Submit Certificate of Assumed Business
	Name and \$25.00 fee to:
Finance, Insurance, and Real Estate	
4. The name and address to which future	Secretary of State 700 West Jefferson
correspondence should be addressed:	Basement West
ore downan	PO Box 83720
120 Ray 1055	Boise ID 83720-0080
59120 NW Td 83864	208 334-2301
	Phone number (optional):
5. Name and address for this acknowledgment	r none namber (optional).
COPY IS (if other than # 4 above):	
	Secretary of State use only
	IDAHO SECRETARY OF STATE 09/10/2004 05 = 0
(Abr. 0)	CX: 6782 CT: 158818 BH: 7654
nature: (signature required)	I # 25.88 = 25.86 ASSUN MANE
nted Name: Seph & Bowner (signature required)	D79929
nted Name: Taseph E Bownson pacity/Title: Owner	
(see instruction # 8 on back of form)	