CERTIFICATE OF ASSUMED BUSINESS NAME

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

08-FEB -8 PM 1: 16

FILED EFFECTIVE

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

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the un business is:	
2. The true name(s) and business address(es business under the assumed business nam Name Sally Lewis	s) of the entity or individual(s) doing
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 3572 S. Askbury Way Boise Idaho 83706	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Bolse tD 83720-0080 (208) 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above): Signature: Sally Suu (signature required) Printed Name: Sally Lewis	Secretary of State use only Socretary of State use only Socretary of State use only Socretary of State use only
Capacity/Title: (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 62/68/2008 65:00 CX: 1598 CT: 158010 BH: 1898863 1 25.00 = 25.00 ASSUM MANE # 2 D 1/8943