

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

2006 JAN -3 AM 10: 48

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Please type or print legibly.

NOTE: See instructions on reverse before filing	g.
The assumed business name which the undersign business is:	ned use(s) in the transaction of
leton Ireasures	
2. The true name(s) and business address(es) of the business under the assumed business name: Name Amaela Hill 212 \$ Main St	e entity or individual(s) doing Complete Address Po Box 163 212 S. Main St
Telonia TO 83462	Telonia JD 83452
3. The general type of business transacted under th	e assumed business name is:
Retail Trade Transportation and F	Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Angela Hill Roy 163 Tetonia W 88464	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Phone number (optional):
 Name and address for this acknowledgment copy is (if other than # 4 above). 	208-390-4030
	Secretary of State use only
Signature:	TOPETARY OF STATE
(soo instruction # 6 on back of form)	IDAHO SELRE HAY 0 05 : 00 1 / 03 / 2006 05 : 00 01 / 03 / 2006 05 : 00 01 / 03 / 04 / 04 / 04 / 04 / 04 / 04 / 04