

CERTIFICATE OF D BUSINESS NAME

ASSUMED BUSINESS INAIVI Pursuant to Section 53-504, Idaho Code, the undersign spinits for filing a certificate of Assumed Business National Locality	ned !
Please type or print legibly. NOTE: See instructions on reverse before filing.	STATE OF IDAHO
The assumed business name which the undersigned business is: EAO TO SOUL"	
2. The true name(s) and <u>business</u> address(es) of the elements under the assumed business name: Name Name No Lee St Hot 0-201 Am. Fall PD 8321	Complete Address No business location Not yet Known.
3. The general type of business transacted under the Retail Trade Transportation and Putholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: AS # 2	
5. Name and address for this acknowledgment copy is (if other than #4 above).	Phone number (optional): (208) 226-2380
Signature: Kimberli Tilley Printed Name: Kimberli Tilley Capacity: KIMBERLI TILLEY OWNER	IDANO SECRETARY OF STATE 107/02/2003 05:06 CK: 91631254588 CT: 158918 BH: 68 1 8 25.98 = 25.90 ASSUM NAME

Capacity: KIMBERLI TILLEY

(see instruction #8 on back of form)

CK: 91631254588 CT: 158818 BH: 689114 1 8 25.88 = 25.88 ASSUM NAME # 3

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