

Capacity/Title: PRESIDENT

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

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

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Please type or print legibly.

NOTE: See instructions on reverse before filing.

THE THE THE	E SAlES
. The true name(s) and business address(es business under the assumed business nan	ne:
Name	Complete Address
PIERCE WORCESTER	15796 N. ShenANDOAH DR HAYDEN LAKE Id. 8383
. The general type of business transacted ur	nder the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction	and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
PIERCEWORCESTER 15796 N. ShENANDOAh Dr	PO Box 83720 Boise ID 83720-0080
HAYden LATE, Id 83835	208 334-2301
5. Name and address for this acknowledgme	nt Phone number (optional):
COPY IS (if other than # 4 above):	208-772-3108
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IDANO SECRETARY OF STATE 03/04/2003 05:00 CX: 1110 CT: 158010 BH: 666262 8 28.00 = 28.00 ASSUM NAME # 2