## FILED EFFECTIVE



Printed Name: AShley

Capacity/Title:

(see instruction #8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

2003 JUL 16 AM 9: 02

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the undersign business is:  This That -N So Much N	
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  316	c entity or individual(s) doing  Complete Address  W. 350 N.  ankfool Ideno  83001
3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining	
Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:     Main   Main	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional): $308 - 785 - 7487$
nature: MM 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Secretary of State use only

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IDAHO SECRETARY OF STATE 97/16/2903 95:00 CK: 136 CT: 158010 BH: 691304 1 0 25:00 = 25:00 ASSUM NAME # 2

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