FILEDERFOR



Printed Name: Jeff

Ownre/President

(see instruction # 8 on back of form)

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME2006 MAY 15 PM 12: 37

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name: EURE IARCE STATE OF TOAHO

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

GF	FC Company
The true name(s) and business address business under the assumed business r	e(es) of the entity or individual(s) doing
Name	Complete Address
Jeff N. Bruce	2700 N. Top Flight Drive, Post Falls, ID 83854
Teresa J. Bruce	2700 N. Top Flight Drive, Post Falls, ID 83854
Kyle K. Rodgers	2700 N. Top Flight Drive, Post Falls, ID 83854
Manufacturing Mining Finance, Insurance, and Real Esta The name and address to which future correspondence should be addressed: Jeff Bruce 2700 N. Top Flight Drive, Post Falls, ID 83854	Secretary of State 700 West Jefferson Basement West PO Box 83720
Total Top Tight Direc, Fost Pails, 10 63634	208 334-2301
 Name and address for this acknowledge copy is (if other than #4 above). 	ment Phone number (optional): (208) 457-8991

Ecty/formetebn formetebn.p Revised 04/2003

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IDAHO SECRETARY OF STATE

05/15/2006 05:00

CX: 885891 CT: 172899 BH: 954869
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