

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2008 JAN 30 PH 1: 45 SECRETARY OF STATE OF IDAHO

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

(see instruction # 8 on back of form)

A A A	
The true name(s) and business address(es) of the business under the assumed business name: Name Gina Finley	entity or individual(s) doing Complete Address 11723 W Palm Drive Boise, ID 83713
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 The name and address to which future correspondence should be addressed: Gina Finley 11723 W. Palm Drive Boise, ID 83713	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
nature: (signature required) nted Name: Gina M. Finley pacity/Title: Owner	IDAHO SECRETARY OF STATE O1/30/2008 05: CK: CASH CT: 222864 BH: 18: 18: 25.08 ASSUM N