

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECT!

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

2005 JUN -5 PH 12: 48

Please type or print legibly.

| NOTE. See instructions on reverse pe | SECRETARY OF STATE |
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| The assumed business name which the u business is: | undersigned use(s) in the transaction of |
| | KOAD WORK + |
| 2. The true name(s) and business address(e business under the assumed business na Name SUSAN OCKSRT | es) of the entity or individual(s) doing ame: Complete Address 434 LARSEN LANE CLOTOWN TO. 83 |
| | on and Public Utilities |
| Wholesale Trade □ Services □ Agriculture □ Manufacturing □ Finance, Insurance, and Real Estate | Submit Certificate of Assumed Business |
| 4. The name and address to which future correspondence should be addressed: SUSAN CXKEPT DBA: ROADU 434 LARSEN LANE OLDTOWN, ID. 83822 | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| 5. Name and address for this acknowledgm copy is (if other than #4 above). | nent Phone number (optional): |
| | Secretary of State use only |
| Signature: Susaw CXXERT Capacity/Title: CWN ER | IDAHO SECRETARY OF STATE 96/05/2006 05:00 CK: 1004 CT: 158010 BH: 958399 1 2 25.00 ASSUM NAME # 2 |