

CERTIFICATE OF ASSLIMED BLIGHTESS MAKE

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Pursuant to Section 53-504, Idaho Code, the un submits for filing a certificate of Assumed Business	J*
Please type or print legibly. NOTE: See instructions on reverse before file	ing.
The assumed business name which the undersign business is: Green Meadow Keni	•
2. The true name(s) and business address(es) of the business under the assumed business name: Name Bonding Kennek, Inc. 9 C 16 7342	Complete Address 332 Colburn Culver Rd andpoint, ID 83864
3. The general type of business transacted under th Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining	
Finance, Insurance, and Real Estate	Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: 9332 Colburn Culver Rd Sandpoint, ID 83864	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): John Finney, Attorney 170 E-Lake 51., Ste 317	Phone number (optional); (208) 263-2544
100 0. WAL DI. 1218 511	Secretary of State use only

Signature: Capacity/Title: Yicc

(see instruction # 8 on back of form)

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IDAHO SECRETARY OF STATE

96/27/2006 95:00

CK: 843028 CT: 172899 BH: 962332

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