

## CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. Please type or print legibly. TE: See instructions on reverse before filing.

NOTE: See instructions on reverse before filing.

The assumed business name which the ur business is:	ndersigned use(s) in the transaction of
INTOLUBRE ONLINE	
The true name(s) and business address(e business under the assumed business nar	es) of the entity or individual(s) doing me:
Name	Complete Address
DAVID WILLIAM INTOLUBBE	3245 W. ELK DR.
	Post Faces, 1D 83854
3. The general type of business transacted uses Retail Trade Transportation Wholesale Trade Construction	on and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
<ol> <li>The name and address to which future correspondence should be addressed:</li> </ol>	Secretary of State 700 West Jefferson Basement West
PANID INTOLUBEE	PO Box 83720 Roise ID 83730 0080
3245 W. ELK DR. Post Falls, ID 83854	208 334-2301
Name and address for this acknowledgm	nent Phone number (optional):
COPY is (if other than # 4 above):	(208)964-3812
	Secretary of State use only
gnature: (speakur required)	Delication   Del
inted Name: DAVD W. INTOLUBE	- Lidaho Secretary of State
apacity/Title: OWNEK	08/29/2003 05:00 CK: 1316 CT: 158819 BH: 699813
(see instruction # 8 on back of form)	6 1 0 25.00 = 25.00 ASSUN MANE (