

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

SECRETARY OF STATE STATE OF JOANS

D 90355

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

(see instruction # 8 on back of form)

1. The assumed business name which the undersign business is:	ned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Name  Parago bhoson  3. The general type of business transacted under the	Complete Address UNUES Idaho Falk, ID UNUES Idaho Falk, ID 83401
Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Shann Falls, ID 83401	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Bojse ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):  -SAMG.	Phone number (optional):
Signature: hammen lefturoon  Printed Name: Shannon kefferson  Capacity/Title: 1000 Anna Tor	IDAHO SECRETARY OF STATE  OB/05/2005 05:00  CK: CASH CT: 158010 BH: 828549 1 8 25.00 = 25.00 ASSUM NAME # 2