

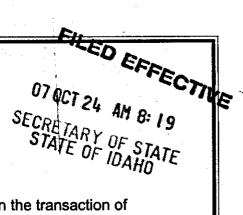
Capacity/Title: Owner

(see instruction # 8 on back of form)

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. NOTE: See Instructions on reverse before filing.



The true name(s) and business address(es) business under the assumed business name	of the entity or individual(s) doing e: Complete Address
Diane L. VanCorback	P.O. Box 382 Weighe, John 83553
The general type of business transacted un	der the assumed business name is:
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: North John Trophicals P.D. Box 382 Deippe Jahlo 8355	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgme copy is (if other than # 4 above). 	o nt

IDAHO SECRETARY OF STATE

10/24/2007 05:200

X: 3948 CT: 154183 BH: 1082027

8: 25.00 = 25.00 ASSUM NAME # 2

1)116227