. 2	27	
	CERTIFICATE OF ASSUMED BUSINESS N Pursuant to Section 53-504, Ida	ness Name.
	Please type or print legitation APR (NOTE: See instructions on reverse before the second s	LO AN 0-00
		THE DECEMBER OF STATE
	The true name(s) and <u>business</u> address(es) o business under the assumed business name:	
	Name	Complete Address
	<u>Greg Huston</u> _	1702 W. Poplar St.
	Laurie Huston	Sandpoint, ID. 83864
	3. The general type of business transacted unde	r the assumed business name is:
	 Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Greg Huston 1702 W. Poplar St Sandroint, TD. 83864 	nd Public Utilities Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
	5. Name and address for this acknowledgment	208 334-2301 Phone number (optional):
	COPY IS (if other than # 4 above).	208-265-7841
		Secretary of State use only
	Signature: <u>frees</u> Huston (signature required) Printed Name: <u>Gres</u> Huston Capacity/Title: <u>Partner</u> (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 04/29/2003 05::00 CK: 1177 CT: 156810 BH: 677488 1 25.00 ASSUM MARE # 2 O 04/84/6