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CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAMEMAR -2 PM 3: 41 Pursuant to Section 53-004, Identity Section 5 NOTE: See instructions on reverse before filing. STATE OF IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Price 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Name and \$25.00 fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State correspondence should be addressed: 700 West Jefferson **Basement West** PO Box 83720 Boise ID 83720-0080 208 334-2301

 Name and address for this acknowledgment copy is (if other than #4 above).

SAME

Phone number (optional):

1661 992-7897

Secretary of State use only

Signature:__

Printed Name:

Printed Name: <u>Jor</u> Capacity/Title: Doe

(see instruction #8 on back of form

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IDAHO SECRETARY OF STATE

03/02/2005 05:00

CK: 488335 CT: 172099 BH: 796166

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