

Signature:

Printed Name:

Capacity/Title:

(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.

FILED EFFECTIVE

2006 MAR 14 Mil 8: 26

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is: Sagebrush Trai 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 E. Milts 3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities 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 83617 5. Name and address for this acknowledgment Phone number (optional): CODY IS (if other than # 4 above): 208-3654771 Secretary of State use only

IDAHO SECRETARY OF STATE
03/14/2006 05:00
CK: 1468 CT: 158010 BH: 943091
1 8 25.00 = 25.00 ASSUM NAME # 2

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