

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIV

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

2006 MAY 30 AM 10: 08

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

The true name(s) and business address(es) business under the assumed business name	s) of the entity or individual(s) doing ne: Complete Address PO Box 403 3871 E 109 N
	3871 E 109 N
	Ucon, ID 83454
3. The general type of business transacted und	nder the assumed business name is:
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Connie A Moser PO Box 403	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
Ucon, ID 83454-0403	208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	Phone number (optional): 208-529-8365
	Secretary of State use only
nature: CAUUSET (signature required) Connie A Moser pacity/Title: Owner	DIOC 3 (I DAHO SECRETARY OF STA
(see instruction # 8 on back of form)	95/39/2006 95 CK: 20202 CT: 158010 BH: