CERTIFICATE OF	FILED EFFECTIVE
ASSUMED BUSINESS NAI Pursuant to Section 53-504, Idaho Code, the under submits for filing a certificate of Assumed Business	rsigned
Please type or print legibly. NOTE: See instructions on reverse before filing	. Simple of Simple .
1. The assumed business name which the undersign business is: <u>EVERY-HING</u> BUT The Gravest Stress S	
5 J	
The true name(s) and business address(es) of the business under the assumed business name:	entity or individual(s) doing
Name	Complete Address
Shindia Enterprises Inc. 135	76 N. 105E. IdonoFalls, The 83
<u> </u>	834
3. The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and P	
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
13576 N. 105 E.	Basement West PO Box 83720
Idaho Falls Ib	Boise ID 83720-0080
<u> </u>	208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
o, iname and address for this acknowledgment	
	•
COPY IS (if other than # 4 above).	(208) 528 O(00)
COPY IS (if other than #4 above): 	•
COPY IS (if other than #4 above): <u>13576 N. 105 E.</u> <u>JOANO Falls, ID</u> 83401	(208) 528 0100
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COPY IS (if other than #4 above): <u>13576 N. 105 E.</u> <u>JOANO Falls, ID</u> 83401	(208) 528 0100 Secretary of State use only
COPY IS (if other than #4 above): <u>135710 N. 105 E.</u> <u>JOANO Falls, TD</u> <u>Signature:</u> <u>R3401</u> Signature: <u>ANUL</u> (algorithme required) Printed Name: <u>ANUL</u> <u>Capacity/Title:</u> <u>VICL</u> <u>PT SIOUL</u>	(208) 528 0100 Secretary of State use only IDAHO SECRETARY OF STA 10/07/2005 05 IK: 1868 CT: 193865 BH:
COPY IS (if other than #4 above): <u>13576 N. 105 E.</u> <u>JOANO Falls, ID</u> 83401	(208) 528 CIDO Secretary of State use only IDAHO SECRETARY OF STA