FILED EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2011 MAY 25 AM 8: 34

SECRETARY OF STATE STATE OF 10AHO

Please type or print legibly.

Instructions are included on back of application.

2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address	
3. The general type of business transacted Retail Trade Transportati Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
correspondence should be addressed: DAVID W. TAYLOR JR. 440 GWEN LOOP BLACKFOOT, ID 83221	450 North 4th Street PO Box 83720 Bolse ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	
gnature: Own W Taylor Jr. Inted Name: DAVID W. TAYLOR JR. apacity/Title: OWNER/OPERATOR	Secretary of State use only
gneture: inted Name:apacity/Title:	IDANO SECRETARY OF STATE 95/25/2011 95:86 CK: 686355 CT: 172899 BH: 12751 1 8 25.88 = 25.88 ASSUM NAME

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