



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

04 NOV -9 PM 1:23

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

IN YOUR SITES

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

TROY J. STEPHANISHEN

401 S 9th St. Suite 104 Boise, ID 83702

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

TROY J. STEPHANISHEN

401 S. 9th St. Suite 104

BOISE, ID 83702

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

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
208 334-2301

Phone number (optional):

208-353-6423

Secretary of State use only

DS1765

IDAHO SECRETARY OF STATE

11/09/2004 05:00

CK: CASH CT: 150010 BH: 775747

1 @ 25.00 = 25.00 ASSUM NAME # 2

Signature: Troy J. Stephanishen

(signature required)

Printed Name: TROY J. STEPHANISHEN

Capacity/Title: OWNER

(see instruction # 8 on back of form)