

Capacity/Title: Owner

(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 A	ssumed Business Na	ame. $ otag = otag = $	F
Please type or print le	gibly.	ame. \$1\times.	Щ
NOTE: See instructions on reve	rse before filing.	72	~
1. The assumed business name which business is:		d use(s) in the transætion af	EFFECTIV
2. The true name(s) and <u>business</u> add business under the assumed business where the assumed business with the control of the	ess name:	ntity or individual(s) doing <u>Complete Address</u> <u>Shadduck (n CdA T</u>	 D 373/2 W
Wholesale Trade Constant Services Agrice Manufacturing Mining Finance, Insurance, and Rea 4. The name and address to which fut correspondence should be address Matthew Smith	portation and Pub truction ulture g I Estate ture		
5. Name and address for this acknown copy is (if other than #4 above): Same	vledgment	Phone number (optional): (208) (59-1645) Secretary of State use only	
Signature: Watthe (Signature required) Printed Name: Mathew C. Synn	The seed of AZOO3	IDAHO SECRETARY OF ST 10/20/2004 05 CK: 579 CT: 158010 BH:	TATE 5 : 66 772115

CK: 579 CT: 158010 BH: 772115 1 0 25.00 = 25.00 ASSUM NAME # 2