7	FILED EFFECTIV
CERTIFICATE OF	CFFECTIV
ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Bu	e undersigned Z005 SEP 18 AM ID: 19
Please type or print legibly. NOTE: See instructions on reverse before	SECRETARY OF STATE
 The assumed business name which the under business is: 	
••••••••••••••••••••••••••••••••••••••	
2. The true name(s) and business address(es) business under the assumed business name Name SAM WILSON	
Jennie Wilson	BOISE, ID 83714
 Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: 	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
 Name and address for this acknowledgmen copy is (if other than #4 above): SAM WILSON 	ht Phone number (optional):
6507 N WATERLILLY WAY	Secretary of State use only
BOISE, ID 83714	IBAKO SECRETARY OF STATE 09/18/2006 05 # 00 CK: 48449554865 CT: 158818 BH: 97574 1 8 25.68 = 25.88 ASSUM NAME # 2
Printed Name:SAM WILSON Capacity/Title:OWNER	IBAKO SECRETARY OF STATE 09/18/2006 05:00 CK: 48449554865 CT: 158818 Ni: 97574 18 25.68 = 25.68 ASSUM NAME # 2

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