

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUŞINESS NAME

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

IOMAY TO PM 1:01

Please type or print legibly.
NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

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The assumed business name which the undersigne business is:	d use(s) in the transaction of
Old Goot Enterprises	
	Complete Address 301,1107 Schlader Rd. Ple, ID 83553
3. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Pull Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Nicholas D. Rhoads D. B.P. Old Gart Enterprises Po Bax 30/ Weight ID 33553 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):
	Secretary of State use only
	Secretary or State use Gray
Signature: // (signature required) Printed Name: Nicholas D. Rhoads	IDAHO SECRETARY OF STATE 05/10/2010 05 = 00 CK: 7359 CT: 158010 BH: 1221623 1 2 25.80 = 25.80 ASSUM MANE #