FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

SELRETARY OF STATE STATE OF IDAHO Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 5 on back of form)

2007 APR -6 AM 9: 59

The assumed business name which the undersign business is: Snake River Overhea	
2. The true name(s) and business address(es) of the business under the assumed business name: Name Lyhn Grigas 2/14	Complete Address
7111 01143	17 W. 4700 S. Kerbury IO 8344
3. The general type of business transacted under th	
Retail Trade Transportation and F Wholesale Trade Construction	Public Utilities
Services	Submit Certificate of Assumed Business Name and \$25.00 fee to:
 The name and address to which future correspondence should be addressed: 	Secretary of State 700 West Jefferson Basement West
	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (ff other than # 4 above):	Phone number (optional):
Lynn Griggs 2647 W. 4700 South	Secretary of State Line only
nature: X from (augustus)	
nted Name: Lynn Criggs	

IDAHO SECRETARY OF STATE

04/06/2007 05:00

CX: 1184565 CT: 172899 BH: 1845318
1 0 25.00 = 25.00 ASSUM NAME # 2

