

CERTIFICATE OF FILED EFFECTIVE

ASSUMED BUSII Pursuant to Section 53-504, Idah submits for filing a certificate of A Please type or print le	o Code, the undersigned 2006 JUL 21 ATT SECRETARY OF STATE SECRETARY OF STATE
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
business under the assumed busin Name	dress(es) of the entity or individual(s) doing less name: Complete Address re 3055 Fruitland Lone UnitH Odurd 'Alene, Idoho 83815
Retail Trade Trans Wholesale Trade Cons	Name and \$25.00 fee to: Iture Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this ackno copy is (if other than # 4 above):	Division and the control of the cont
Signature: Jen Brooks Printed Name: Jen Brooks Capacity/Title: <u>Nrectors</u> (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 97/21/2006 05:00 CK: 1512 CT: 202628 BH: 966206 1 0 25.00 = 25.00 ASSUM NAME # 2