

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED CFFECTIVE

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

2004 JUL 27 P 4: 33

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF STATE

The assumed business name which the undersigned business is: \[\lambda \to b \rack{\cinck{\rack{\cinck{\rack{\rack{\rack{\rack{	d use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the elements business under the assumed business name: Name Solve Bolse	Complete Address W Station In. #101 FD. 85703
3. The general type of business transacted under the a Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: Letter Nobles 4922 W Station In. #101 Polse To 83703	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional): 208 853 4 333
	Secretary of State use only
Signature: (Fignature required) Printed Name: Set Cure Nobles Connectivities of Actions	IDAHO SECRETARY OF STATE 17/20/2004 05:00 CK: 72743562760CLH CT: 172099 BH: 75775 1 8 25.00 = 25.00 ASSUM NAME # 2

D 78644