

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2005 APR -6 AM 9: 33

STATE OF TUAHO

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

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

1. The assumed business name which the ubusiness is: Oh Scra	- · · ·
2. The true name(s) and business address(described business under the assumed business name Name Vendiq & Johns	ame: Complete Address
3. The general type of business transacted to Retail Trade Transportation	under the assumed business name is: on and Public Utilities
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estat	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Oh Scrap 486 & Dufort Rd Sagle, Td 83860	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	nent Phone number (optional): 208-255-1946
	Secretary of State use only
ignature: //www.signaturerequired) Printed Name: Vendig & Johns Capacity/Title: Owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 94/96/205 95:00 CK: 53933245322 CT: 158010 BH: 8036 1 0 25.00 = 25.00 ASSUM NAME #

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