7	
CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, th submits for filing a certificate of Assumed Bu Please type or print legibly. NOTE: See instructions on reverse before	NAME 08 JAN 14 AM 8: 50 usiness Name ECRETARY OF STATE
	of the entity or individual(s) doing Complete Address SLOON: Kimberly 10 83341
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Brett Wright	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
3609 E 300N Kimberly 10 83341 5. Name and address for this acknowledgment copy is (if other than # 4 above): D.L. Evans Bank Alb Bive Lakes Aud N. Twin Falls 10 83301	Secretary of State use only

Printed Name: Bret Capacity/Title: Owner

Signature:_

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

91/15/2008 05:00

CK: 1051 CT: 220733 BH: 1094654

1 @ 25.00 = 25.00 ASSUM NAME # 4

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