

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

05 APR 28 PH 3: 05

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETAL OF STATE STATE OF IDAHO

1. The assumed business name which the und business is:	
2. The true name(s) and <u>business</u> address(es business under the assumed business name Name Kita Kissee	of the entity or individual(s) doing se: Complete Address 372 So Eagle Rd. # 206 Eagle, ID 83616
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Rita M. Kissee 372 So Eagle Rd, # 200 Eagle, TD 83616	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (if other than # 4 above);	Phone number (optional): 866-383-0330
	Secretary of State use only
Signature: Acts St. Kosee Printed Name: Fira M. Kissee Capacity/Title: President / CEO	IDAHO SECRETARY OF STATE 04/28/2005 05:00 CK: 2002 CT: 158010 BH: 807355 1 0 25.00 = 25.00 ASSUM NAME # 2

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