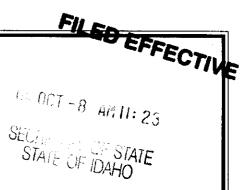


## CERTIFICATE OF ASSUMED BUSINESS NAME

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.



The assumed business name which the under business is:	ersigned use(s) in the transaction of
REnegade mobile Re	PAIR
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name  Name	of the entity or individual(s) doing
3. The general type of business transacted under Retail Trade Transportation a  Wholesale Trade Construction	er the assumed business name is:
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:  Shere Imm bo'l Grant Caldwell, Id. 83605	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
Signature: Sheria (signature required)  Printed Name: Sheria Imm  Capacity/Title: Olevas  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  1.0 / 08 / 2004