

Capacity:

(see instruction #8 on back of form)

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 / 00722 hill: 06

NOTE: See instructions on reverse before filling

1. The assumed business name which the undersign business is: Specially Gri Gi	··
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Name N. R.	
3. The general type of business transacted under the Retail Trade Transportation and I Wholesale Trade Construction Services Agriculture Manufacturing Mining	
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: A. D. D. C.	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
gnature: AUU Thop west inted Name: YINOI Thom	049289

IDAHO SECRETARY OF STATE

10/22/2001 05:00

CK: 1788 CT: 152688 BH: 425577

1 0 20.00 = 20.00 ASSUM NAME # 2