

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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.

2003 DEC -8 PM 12: 54

NOTE: See instructions on reverse be	efore filing.	FOF IDAHO
The assumed business name which the business is:	undersigned u	use(s) in the transaction of
2. The true name(s) and business address business under the assumed business no Name Christopher Neu	ame:	ity or individual(s) doing Complete Address (844 Sandpoint, ld 8386
3. The general type of business transacted Retail Trade Wholesale Trade Services Manufacturing Mining Finance, Insurance, and Real Esta	tion and Public	
4. The name and address to which future correspondence should be addressed: Christopher Neu POBOX 844 Sandgoint, Id 83804		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment	Phone number (optional): 208-265-7996
		Secretary of State use only
gnature:	ns/abn forms/abn.p65 ksed 04/2003	

IDAHO SECRETARY OF STATE
12/09/2003 05:00
CK: 1963 CT: 158010 BH: 715615
1 0 25.00 = 25.00 ASSUM NAME # 2

FILED EFFECTIVE

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