Printed Name: To

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FIELDED EFFECTIVE

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.

business is: At Fences and more	ed use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name: Name Toshua R Nichols 312 Co 3. The general type of business transacted under the	Complete Address 2 W. Kathy LP. #211 neurd'Alene, Id. 838/5
Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Same as Above	Submit Certificate of Assumed Business Name and \$25.00 fee to: 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): 208) 704-8368 Secretary of State use only
Signature: Signature (signature parked) Printed Name: John R Nichols Capacity/Title: owner operator	IDAHO SECRETARY OF STATE 95/14/2007 95:00 CK: 48838589954 CT: 158010 BH: 195318 1 8 25.00 = 25.00 ASSUM NAME # 2