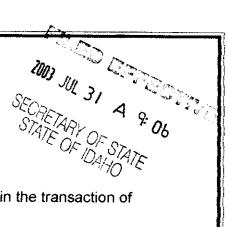


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



Nama	iste' Unlimited	1	
The true name(s) and business address(business under the assumed business na Name	es) of the e ame:	ntity or individual(s) doing Complete Address	
		P.O. Box 9151, Moscow, ID 83843	
Michael L. Robison	P	O. Box 9151, Moscow, ID 83843	
3. The general type of business transacted Retail Trade Transportation Wholesale Trade Construction	on and Pub		
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	te	Submit Certificate of Assumed Business Name and \$25.00 fee to:	
4. The name and address to which future correspondence should be addressed: DENICE MOFFAT Michael P.O. Box 9151 Moscow, Idaho 83843	Robisõn	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
 Name and address for this acknowledgr copy is (if other than # 4 above). 	nent	Phone number (optional): 208-882-3993	
	- 29	Secretary of State use only	
gnature: Kaluiuu Moffat: Michael Mol (signature required) inted Name: Dunice M. Moffat	Revised Man Com Sabo, pc.	D67552	
(see instruction # 8 on back of form)	B) (September 1988)	IDAHO SECRETARY OF STATE Ø7/31/2003 Ø5 : CK: 4837 CT: 158010 BH: 69 1 0 25.00 = 25.00 ASSUM NA	