

Capacity/Title: CWY 255

(see instruction # 8 on back of form)

CERTIFICATE OF **ASSUMED BUSINESS NAME**

FILED EFFECTIVE

D85605

2005 MAR 16 AM 9: 20

NOTE: See instructions on reverse before filing.

2. The true name(s) and <u>business</u> address((es) of the entity or individual(s) doing
business under the assumed business n	ame:
<u>Name</u>	Complete Address
CHERY JEHNSON	1650 POLELINE PO E.
MARK SHAMESS	Twin FAUS, ID
	23301
Wholesale Trade Constructio Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estat	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: C. James C. Shapess 103 ROBERTO ST BOHL, ID S3316	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgn copy is (if other than # 4 above):	nent Phone number (optional):
0/	Secretary of State use only
nature: Changes Hamoss	1DANG SECRETARY OF STATE 83/16/2005 05:0 CK: 6046 CT: 150010 BH: 798