

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

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Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETAIN OF STATE
STATE OF 10.540

2. The true name(s) and business address business under the assumed business name  Name  Dustin James Simpson	ame:	Complete Address  X 432, Carey ID, 83320
3. The general type of business transacted  Retail Trade  Transportat  Wholesale Trade  Construction	ion and Put	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate		Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  DUHY Simpson PO Box 432  Carry ID 83320		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	- nent	Phone number (optional): (208) 823-4107
		Secretary of State use only
Signature: (signature (Supressor)  Printed Name: Dusty Simpson  Capacity/Title: Owner  (see instruction # 8 on back of form)	groopformstebn formstebn p65 Revised 04/2003	IDAHO SECRETARY OF STATE <b>91/10/2006                                  </b>

1) 95269