(see instruction # 8 on back of form)



CERTIFICATE OF ASSUMED BUSINESS NAME

2005 SEP -8 AM 9: 23

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

FILED EFFECTIVE

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STATE STATE OF IDAI/O

2. The true name(s) and business addres business under the assumed business Name	s(es) of the entity or individual(s) doing name:
David Schreiber	Complete Address
<u> </u>	MONTPELIE ID. 83254
	d under the assumed business name is:
	ition and Public Utilities
Wholesale Trade Constructi Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: David Schreiber	Secretary of State 700 West Jefferson Basement West PO Box 83720
238 S. 4TH ST. Montpelier ID 83254	Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledge copy is (if other than # 4 above): 	ment Phone number (optional):
	208-847-1200
	Secretary of State use only

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