

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 04 APR -5 PH 5: 0

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETARY OF STAT STATE OF IDAHO

2 The true name(s) and business address(es business under the assumed business name	s) of the entity or individual(s) doing ne: Complete Address
Robby Hart Sustin Garcia	2664 NO 13th St. Meridian ID 83640 264 NO 13th St. Meridian ID 83642
3. The general type of business transacted un	nder the assumed business name is: n and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Robby Hurt 2664 NO 13 th St Meridian TO 83642	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgm copy is (fother than # 4 above). 	ent Phone number (optional): (206) 353-5943
	Secretary of State use only
Signature: Mallanda Printed Name. Willam P. Hort	D7502Y
Capacity/Title: Owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 94/96/2094 95 # 209 CK: CASH CT: 158010 BH: 737620 1 0 25.00 = 25.00 ASSUM NAME # 2