CERTIFICATE OF ASSUMED BUSINESS NAM	
Pursuant to Section 53-504, Identificate of Assumed Business N submits for filing a certificate of Assumed Business N	Vame. US JUL -8 FIT 1.30
NOTE: See instructions of receiver 1. The assumed business name which the undersigned business is: VALENTINESELLE	
2. The true name(s) and business address(es) of the business under the assumed business name: Name TIMOTHY WOODARD DONNA VALENTINE	e entity or individual(s) doing Complete Address 10820 TAHITI ST BOISE ID 83713 SAME
 3. The general type of business transacted under t Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: <u>TIM WOODARD</u> 10820 TAHITI ST BOISE ID 83713 5. Name and address for this acknowledgmen copy is (if other than #4 above): 	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Dhone number (optional):
Signature:	IDAHO SECRETARY OF STATE 07/08/2005 05:00 CK: 566137 CT: 172899 BH: 628196 1 9 25.00 = 25.00 ASSUM WAVE # 2 D 89513