

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

09 FEB -5 PH 4: 24

FILED ATTACK

SECRETARY OF STATE STATE OF BOAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

The assumed business name which the undersign business is:	
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Creatingsey: Port	e entity or individual(s) doing  Complete Address  Box 10 Horseshoe Bevo Io  83609
3. The general type of business transacted under the 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:    Great Lindson To 83609	
5. Name and address for this acknowledgment copy is (if other than # 4 above);  Signature:  Capacity/Title:  Capacity/Title:  Signature required	Secretary of State use only  () () () ()  IDAHO SECRETARY OF STATE  ()2/05/2009 ()5:00  CK: CASH CT: 158019 BH: 1155736