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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STATE

Please type or print legibly. NOTE: See instructions on reverse before filing.

The assumed business name which the undersigned use(s) in the transaction of business is:	
North Shope Innov	rations
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name helly William Squires A	Complete Address
3. The general type of business transacted unde	r the assumed business name is:
Retail Trade Transportation are Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 1809 Dundee CT. 1808 C. 1808 C.	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 Phone number (optional):
	Secretary of State use only
Signature: //www.signature required) Printed Name: Kelly william Squires Capacity/Title: Owner (see instruction # 8 on back of form)	IDANO SECRETARY OF STATE 01/07/2005 05:00 CK: 7601 CT: 156010 BH: 785894 1 0 25.00 = 25.00 ASSIM NAME # 2