

CERTIFICATE OF ASSUMED BUSINESS NAME

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

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

 The assumed business name which the und business is: 	dersigned use(s) in the transaction of
Mythril Transport Systems	
2. The true name(s) and business address(es) business under the assumed business name Name Report of Control Report of Contr	of the entity or individual(s) doing e: Complete Address
Robert W. Ratto Jr. Norma J. Ratto	525 Oragen St. / Gooding, ID83330
The general type of business transacted under	er the assumed business
	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
nature: Nature (Signature required) nited Name: Robert S. Ratto JR. Dacity/Title: Owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 96/21/2094 95:00 CK: 44786767116 CT: 158810 BH: 75141 1 8 25.89 = 25.89 06518 WARE

Signature: Mant w Colle Printed Name: Robert W. Ratto JR. Capacity/Title:__ Owner

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE 06/21/2004 05:00 CK: 44786767116 CT: 158818 BH: 751414 1 8 25.88 ASSUM MANE # 2

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