

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

2055 . 11 10 - 017

Please type or print legibly. NOTE: See instructions on reverse before filing.	
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address P.o. Box W34 Ashton, TD 83420 John L. Smith (same)	
3. The general type of business transacted under the associated with the services and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed VICKIE Smith Po. Box 634 ASh fon JD 83420	
5. Name and address for this acknowledgment copy is (if other than # 4 above).	Phone number (optional):
ignature: Tuckle July 5m/ K	Secretary of State use only

Printed Name: VICKIE Lu DMITA Capacity/Title: OWNEY (see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

07/18/2005 05:00

CK: 343 CT: 158018 BH: 821879

1 0 25.00 = 25.00 ASSUM NAME # 2