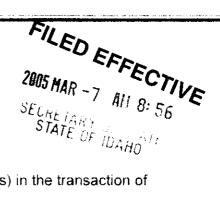


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



1. The assumed business name which the und business is:	
2. The true name(s) and business address(es) business under the assumed business name Name Christopher Eli Mackinnon Christoph	
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Christopher El: Mac Kinnon 2001 14th Cocur D Alone ID 83814	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above). 	nt Phone number (optional): (208) 944-4940
Signature: (Signature required)	Secretary of State use only

corollomistabii term Revised 04/2003

Printed Name: Christopher El: Muckinnon

(see instruction # 8 on back of form)

Capacity/Title: Owner

TOTAL DESCRIPTION

IDAHO SECRETARY OF STATE 03/07/2005 05:00 CK: 1205 CT: 150010 BH: 796028 1 0 25:00 = 25:00 ASSUM MARE # 2