

Printed Name: (Arrie I)

(see instruction # 8 on back of form)

Capacity/Title: ()(1)ner

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

SECRETARY OF STATE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Naments DEC 22 AM 9: 13

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

Unique T. le Accents	
The true name(s) and business address business under the assumed business n	
Name	Complete Address
Carrie Nocton	15390 N Forestdale Dr.
	Rathdrum, Idaho
	83858
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta The name and address to which future correspondence should be addressed:	Assumed Business
Carrie Norton 15390 N. Forestdale Dr Ruttarum Edaho 8385	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment	gment Phone number (optional).
COPy IS (if other than # 4 above):	509-998-8414

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IDAHO SECRETARY OF STATE

12/22/2005 05:00

CK: 1060 CT: 158010 BH: 928043

1 0 25.00 = 25.00 ASSUM NAME # 2