

CERTIFICATE OF

THAT I HE

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.

Printed Name: STeve Webster

(see instruction # 8 on back of form)

Capacity/Title: Ow No MANAgen

2. The true name(s) and busines business under the assumed to Name Steve + Marlene Lu	odsiness name:	entity or individual(s) doing Complete Address Box 386, Sugar C. Ty - Ad 8
Wholesale Trade C Services A Manufacturing M	ansportation and Pul onstruction griculture lining	Submit Certificate of Assumed Business
Finance, Insurance, and Finance, Insurance, and Finance, Insurance, and Finance, and Finance, and Finance, and Finance, and Finance, Insurance, Insura	n future ressed:	Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this ack copy is (if other than #4 above):	nowledgment	Phone number (optional):

IDAHO SECRETARY OF STATE 96/93/2005 95:00 CK: 627 CT: 158010 BH: 814014 1 8 25.00 = 25.00 ASSUM MAME # 2