CERTIFICATE OF	SNAME
ASSUMED BUSINESS	S NAME
Pursuant to Section 53-504, Idaho Code, th submits for filing a certificate of Assumed B	
Please type or print legibly.	State
NOTE: See instructions on reverse before	sections. Section of STATE State OF DAHO
 The assumed business name which the und business is: 	
Snake River Pr	Provisions- IDAHO
The true name(s) and business address(es business under the assumed business nam	· · · ·
Name	Complete Address
Mountain States Provisions Inc.	1770 W. State Street #170 Boise, ID 83702
(. 155507	
3. The general type of business transacted un	nder the assumed business name is:
Retail Trade Transportation	n and Public Utilities
Ketali Trade Construction	
Services	
	Submit Certificate of Assumed Business
Manufacturing Mining	Name and \$25.00 fee to:
Finance, Insurance, and Real Estate	
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Mountain States Provisions Inc.	Basement West PO Box 83720
1770 W. State Street #170	Boise ID 83720-0080
Boise, ID 83702	208 334-2301
5. Name and address for this acknowledgme	ent Phone number (optional):
COPY IS (if other than # 4 above).	(208) 331-3354
	Secretary of State use only
	1 2
$\sim 1 - 1$	а 53 9
Signature:	forma
Printed Name: Jason L. Jokipii	IDANO SECRETARY OF STA
Capacity/Title:President	IDAHO SECRETARY OF STA
(see instruction #8 on back of form)	01/06/2005 05 CK: CASH CT: 156010 RH: 1 0 25.00 = 25.00 ASSUM

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