Capacity/Title: Oursex

(see instruction # 8 on back of form)

## 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.

	address(es) of the entity or individual(s) doing
business under the assumed business under the assumed business.	siness name:  Complete Address
Jeremy Tinker	3822E. 214N Play, ZD 83442
Retail Trade Trail Wholesale Trade Cor Services Agr Manufacturing Min	a in the profit Coo
Finance, Insurance, and Re The name and address to which to correspondence should be addre  Serency Tinker  3822 6 214 10 Right, TD	future Secretary of State
	owledgment Phone number (optional):

IDAHO SECRETARY OF STATE 04/09/2007 05:00 CK: 396 CT: 158018 BH: 1045680 1 8 25.80 = 25.80 ASSUM MANE # 2

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