

Capacity/Title: OWNER

(see instruction #8 on back of form)

FILED EFFECTIVE =2004 SEP 13 AM 10: 18 **CERTIFICATE OF ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned Code Africa Submits for filing a certificate of Assumed Business Name. STATE OF TOAHO TO A PRINT OF TOAHO TO

NOTE: See instructions on reverse before filing.

2. The true name(s) and business address(es) of the entity or individual(s) doing	
business under the assumed business name: Name	Complete Address 2021 W ARDELL KUNA ID 83634
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 2021 W ARDELL	r the assumed business name is: nd Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720
KUNA ID 83634- 5. Name and address for this acknowledgment copy is (if other than #4 above):	Boise ID 83720-0080 208 334-2301 Phone number (optional): 208-122-1442
gnature: UMKURPATTICK (stinisture required) inted Name: YVONNE M KIRKPATRICK	Secretary of State use only Secretary of State use only Secretary of State use only

IDAHO SECRETARY OF STATE

99/14/2004 95:00

CK: 1024 CT: 158010 BH: 765858

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