

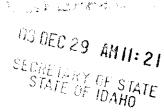
## CERTIFICATE OF ASSUMED BUSINESS NAME

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.

(see instruction # 8 on back of form)



The assumed business name which the undopulation business is:      Scroggin S Dryu	
The true name(s) and <u>business</u> address(es business under the assumed business nam <u>Name</u>	) of the entity or individual(s) doing
3. The general type of business transacted und  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	der the assumed business name is:  and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  Billy Leon Scroggins  29240 old fort Boise Rd.  Parma, Id \$3660	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
Signature: Billy 8. Scrypt	IDAHO SECRETARY OF STATE  12/29/2003 05:00  CK: CASH CT: 158010 BH: 718974  1 2 25.00 = 25.00 ASSUM WAME # 2
Printed Name: 8:114 L. Scroggins	IDAHO SECRETARY OF STATE  12/29/2003 05:00  CK: CASH CT: 158010 BH: 718974
Capacity/Title: Owner	CK: CASH CT: 158010 BH: 718974