

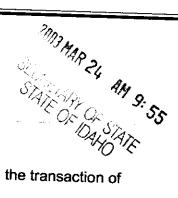
## CERTIFICATE OF ASSUMED BUSINESS NAME

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)



<ol> <li>The assumed business name which the undersign business is:</li></ol>	
Name Troy Hart 1021	Complete Address  Nixon Ave  Acho Falls, ID  83404
3. The general type of business transacted under the  Retail Trade Transportation and Putholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Troy Hart  P.o. Box 3494  Idaho Falls, ID 83403-3494	assumed business name is:
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ol>	Phone number (optional):
Signature:  Signature:  Printed Name:  Capacity/Title:  Owner  Signature required)  Capacity/Title:  Owner	FILED-ESECTIVE

IDAHO SECRETARY OF STATE
03/25/2003 05:00
CK: 1548 CT: 158010 BH: 670658
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