

## CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name R - 9 AM 9: 02

Please type or print legibly.

SECRETARY OF STATE
NOTE: See instructions on reverse before filling. STATE OF IDAHO

MR. CLEAN J	ANITORIAL
The true name(s) and business address(es) of business under the assumed business name:	of the entity or individual(s) doing  Complete Address  639 N 2858 E - ROBERTS ID 83444
3. The general type of business transacted unde  Retail Trade Transportation ar Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  SAME	
5. Name and address for this acknowledgment copy is (If other than # 4 above).  SAME	
and the	Secretary of State use only
Signature / /// 5	
Printed Name: MYRON KARLINSEY  Capacity/Title: OWNER	
Capacity/Title: OWNER	
(see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE

04/09/2008 05:00 CK: 7197 CT: 158010 BH: 1109056 1 0 25.00 = 25.00 ASSUM NAME 0 2