

Capacity/Title:

(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.

LED EFFECTIVE

05 JAN 11 PM 4: 30

SECRETARY OF STATE STATE OF IDAHO

NOTE: See instructions on reverse before ming.	STATE OF IDAHO
The assumed business name which the undersigned	use(s) in the transaction of
1. The assumed business name which the analysis	1
business is:	_ 1
business is: Reductions	
The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing	
2. The true name(s) and <u>business</u> address(es) of the c	Titley St. III.
business under the assumed business name:	Complete Address
Name	30,1896, Sagle 1D
FROM B. SORENSEN TOI	02/3/0
Liberinana nama isi	
<ol> <li>The general type of business transacted under the assumed business name is:</li> </ol>	
Transportation and Public Utilities	
	DIIC Offities
Wholesale Trade Construction	F
Services Agriculture	Submit Certificate of
	Assumed Business
Mandidotaning	Name and <b>\$25.00</b> fee to:
Finance, Insurance, and Real Estate	Secretary of State
4. The name and address to which future	700 West Jefferson
correspondence should be addressed:	Basement West
Tonson -	PO Box 83720
1000 D 8151000	Boise ID 83720-0080
PC78 X 151/4	208 334-2301
Enele ID 83616	
southin anknowledgment	Phone number (optional):
5. Name and address for this acknowledgment	
copy is (if other than # 4 above):	
SAME	
	Secretary of State use only
	083391
9d'uq	
THE	IDAHO SECRETARY OF STATE
Signature: (Signature required)	<b>01/12/2005 05:00</b> CK: CASH CT: 158010 BH: 786734
Signature: Signature required)  Printed Name: Pack B ScR VSt V  Signature required of the state	1 9 25.00 = 25.00 ASSUM NAME # 2