

## CERTIFICATE OF ASSUMED BUSINESS NAME

2005 DEC 19 AM 9: 39

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

| 1. The assumed business name which the undersigned use(s) in the transaction of business is:   |  |
|--|--|
| 2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Name  Square  Squ | entity or individual(s) doing  Complete Address  DD E Kuna RD Kuna ID  8363Y                                     |
| 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:  MACK 13 Rice  5900 E Kuna RD  Kung ID 83634   | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301                |
| <ol> <li>Name and address for this acknowledgment<br/>copy is (if other than # 4 above).</li> </ol>  | Phone number (optional):  870-5902   |
|  | Secretary of State use only  |
| Signature: Many Colifficture refulred)  Printed Name: Mark B Rice  Capacity/Title: Owner   | IDAHO SECRETARY OF STATE<br>12/19/2005 05:00<br>CK: 1133 CT: 158010 BH: 927368<br>1 8 25.88 = 25.88 ASSUM NAME # |

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