

Capacity/Title: OWNer

(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. 2005 AUG 15 AM 8: 50

SECRETARY OF STATE Please type or print legibly. STATE OF IDAHO NOTE: See instructions on reverse before filing. 1. The assumed business name which the undersigned use(s) in the transaction of business is: inda's corner Post 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address 1: NA a Man Salas 1301 Alexant Artes Dr Weipte Id \$355 3. The general type of business transacted under the assumed business name is: X Retail Trade Transportation and Public Utilities Wholesale Trade Construction X Services Agriculture Submit Certificate of **Assumed Business** Name and \$25.00 fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State correspondence should be addressed: 700 West Jefferson **Basement West** 1301 PLEASANT ACLOS OF PO Box 83720 Boise ID 83720-0080 208 334-2301 5. Name and address for this acknowledgment Phone number (optional): CODY IS (if other than # 4 above). 208-435-4270 Secretary of State use only Signature: Printed Name: Lind

IDAHO SECRETARY OF STATE 08/15/2005 05:00 CK: 151 CT: 158010 BH: 906114