87971



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 MAY 19 3 9:21 Survey Company

Please type or print legibly. NOTE: See instructions on reverse before filing.

1. The assumed business name which the unders business is:	5
2. The true name(s) and business address(es) of business under the assumed business name: Name Tom McDaniel Deelynn McDaniel	Complete Address FOG S.W. Thereiche Ed FOG. S.W. 7th Mericle 8342
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate]
4. The name and address to which future correspondence should be addressed: THE Auto Acc Loc, St. Place Merician Rd 83412	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
Signature: (signature required) Printed Name: 10M MeDan rel Capacity/Title: 0 WV-CE	IDANO SECRETARY OF STATE ### ### ### ### ####################