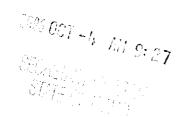
CERTIFICATE OF ASSUMED BUSINESS NAME

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	ng.
The assumed business name which the undersigned use(s) in the transaction of business is:	
IDAHO CIRCUIT DESI	€ <i>N</i>
2. The true name(s) and business address(es) of the business under the assumed business name: Name Tohn Pyle 10 N	Complete Address OSO BUCK CANE AMPA, IDAHO B3686
3. The general type of business transacted under to Retail Trade Transportation and Wholesale Trade Construction	
Wholesale Trade	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
John Pyle	PO Box 83720
	Boise ID 83720-0080
LOOSE DUCK LANE	208 334-2301
NAMPA, 10 B36BL	
5. Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above).	208-484-2481
SAME AS #4	4 Out a supplied
	Secretary of State use only
Signature: Printed Name: Capacity/Title: OWNER	
Signature:	5002
Printed Name: John Pyle	IDAHO SECRETARY OF STATE 10/04/2906 05:00
Printed Name: Voha Pyle	10/04/2006 05:00 rv. 2547 ct. 154818 RM: 978555
Capacity/Title: owner	1 @ 25.00 = 25.00 ASSUM MANE #
(see instruction # 8 on back of form)	D104328
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