Printed Name: _/_

(see instruction #8 on back of form)

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2009 APR -7 AM 9: 11

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The true name(s) and business address(es) of the	ne entity or individual(s) doing
business under the assumed business name: Name	Complete Address 485 Dale Drive idaho Falls Ideho 83402
The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining	Public Utilities Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Sue Terrell 485 Dale Drive, Idaho Falls Id.	Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 63720 Bolse ID 83720-0080 (208) 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above);	

errell Hons

IDAHO SECRETARY OF STATE
04/07/2009 05:00
CX: 222828 CT: 172899 BH: 1164883
1 0 25.00 = 25.00 ASSUM NAME # 2

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