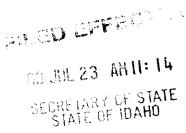


CERTIFICATE OF ASSUMED BUSINESS NAME

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.

(see instruction # 8 on back of form)

The assumed business name which the unbusiness is: Augilable Frami	•
2. The true name(s) and <u>business</u> address(est business under the assumed business name Name (afael Chavez	S) of the entity or individual(s) doing ne: Complete Address Soz E 40 th #2 Carden City, Id 837/4
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	nder the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: fafgel Chaucz SO2 F 40#2 Garden City, Fd 83)19	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent Phone number (optional):
	Secretary of State use only
Signature: Printed Name: Capacity/Title: Substitute required Capacity/Title: Printed Name: Parallel (1994)	IDAHO SECRETARY OF STATE 97/23/2003 05:00 CK: CASH CT: 158010 BH: 692507 1 0 25.00 = 25.00 ASSIM NAME # 2