

CERTIFICATE OF ASSUMED BUSINESS NAME

09 FEB 26 PM 2: 35

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

FILED EFFECTIVE

SECRETARY OF STATE STATE OF IDAHO

D128650

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

(see instruction # 8 on back of form)

1. The assumed business name which the under	ersigned	d use(s) in the transaction of	
business is:	0.1	7	
- HALLS BY CIW			 [
2. The true name(s) and business address(es) business under the assumed business name Name Civaly Tordensen		ntity or individual(s) doing Complete Address State	L, Suite 10
The general type of business transacted und	er the ε	assumed business name is:	
Retail Trade Transportation a			
Services		Submit Certificate of Assumed Business Name and \$25.00 fee to:	
4. The name and address to which future correspondence should be addressed:	Takera T	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080	
210 Sanny In. Emmet 10 83617		(208) 334-2301	
 Name and address for this acknowledgment copy is (if other than # 4 above). 	t		
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		Secretary of State use only	
	29d		· Ž
Signature:	E 88		
Printed Name: Civily Sorgenson	g:koopvormstatin formstatin.p65 Revised 04/2003	IDOHO SECRETORY	OF STATE
Capacity/Title: Own back of form)	g:\corp\r	02/26/2009 CK: 4792 CT: 158810 1 8 25.00 = 25.00	25 200 BH: 1158838 ASSUM NAME # 2