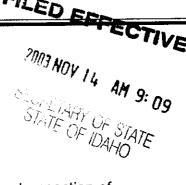




CERTIFICATE OF ASSUMED BUSINESS NAME

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.



Texcellence	
The true name(s) and business address(es) of business under the assumed business name:	of the entity or individual(s) doing Complete Address 122 North Latah Street Boise, ID 83706
3. The general type of business transacted under Retail Trade Transportation a	er the assumed business name is:
 Wholesale Trade Genstruction Agriculture Manufacturing Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Ralph James Reinken	Secretary of State 700 West Jefferson Basement West PO Box 83720
122 North Latah Street Boise, ID 83706	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	t Phone number (optional):
	Secretary of State use only
ignature: Ralph James Reinken	IDAHO SECRETARY OF STATE 1.1/14/2003 05: CK: 500 CT: 1500 BH: 71
Capacity/Title: Owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 1.1/14/2003 05: CK: 5886 CT: 158818 BH: 71 1 0 25.00 = 25.00 ASSUM NA

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