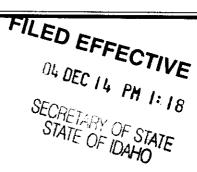


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



1. The assumed business name which the undersign business is: ———————————————————————————————————	ned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Harolde Schneider TR Ba	Complete Address SS7 Crimson plan Dise TO 83703
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Taco Gordo Y5.5.7 Crimson pl	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-830 866 0 Secretary of State use only
Signature: Signature required: Printed Name: School School School (signature required:) Capacity/Title: School School (see instruction # 8 on back of form)	IBAHO SECRETARY OF STATE 12/14/2004 05:00 CK: CASH CT: 150010 BH: 781506 1 0 25.00 = 25.00 ASSUM MARE # 2