

CERTIFICATE OF ASSUMED BUSINESS NAME ED/EFFECTIVE Pursuant to Section 53-504, Idaho Code, the undergraph of submits for filing a certificate of Assumed Business Hame. Please type or print legibly. TE: See instructions on reverse before.

NOTE: See instructions on reverse before	e filing.
1. The assumed business name which the und business is:	lersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name TRECIA A MCCAIN	of the entity or individual(s) doing <u>Complete Address</u> 475 N & E - MM Hony WA 83647
3. The general type of business transacted und Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: TRECIA A. MCCAIN 1475 N. 16 th E. Min Hone, Id. 83647	Secretary of State 700 West Jefferson Basement West PO Box 83720 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): _580-0003
	Secretary of State use only
Signature: <u>Illaa a Malais</u> Printed Name: <u>TREATE F McCais</u>	Scorphiomsteps for the state of the second o
Capacity/Title: (see instruction # 8 on back of form)	IDANO SECRETARY OF STATE 3/18/2002 05:00 CK: 3733 CT: 158010 BH: 452858 1 8 20.00 = 20.00 ASSUN MARE 8