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(see instruction # 8 on back of form)

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.



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NOTE. See instructions of feverse before fining.	"UAHO" I C
1. The assumed business name which the undersigned business is: Tahoe Ridge Emu Prod	
2. The true name(s) and business address(es) of the elebusiness under the assumed business name: Name Ph. J. MAS on 2.14 N.	Complete Address **Florence, GRAngeU-lle Td 835
3. The general type of business transacted under the a Retail Trade Transportation and Pull Wholesale Trade Onstruction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: Phil Mason 214 W Florence Grange Uille Id 83530	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above): Same	Phone number (optional):
	Secretary of State use only
Signature: Phi Mason Printed Name: Phi Mason Capacity/Title: Owner	IDANO SECRETARY OF STATE 99/27/2004 05:00 CK: 1364 CT: 158818 BH: 768885 1 25.08 = 25.00 ASSUM NAME # 2