FILED EFFECTIVE



Capacity/Title:__

(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.

2005 JUN -8 1

Please type or print legibly.

NOTE: See instructions on reverse before fil	ling.
The assumed business name which the undersite business is:	
3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: \[\textstyle	Complete Address REGST 200, South Bulley e assumed business name is:
 Name and address for this acknowledgment copy is (if other than # 4 above). 	Phone number (optional): 203 -Le77-4K12
ignature: <u>Lemma Lello</u> inted Name: <u>Dealing</u> inted Name: <u>Dealing</u> inted Name: <u>Dealing</u>	Secretary of State use only

IDAHO SECRETARY OF STATE

66/68/2005 05:00

CK: 1888 CT: 158818 BH: 814825
1 8 25.88 = 25.88 ASSUM MANE # 2

OF 288 0