Capacity/Title: 000

(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.

2007 JAN 18 AM 9: 00

SECRETARY OF STATE STATE OF IDAHO

The true name(s) and business address(es business under the assumed business name	
Name	Complete Address
JOHN NAVIS	1583 N. GrEENSFERRY Rd.
MATSUA DAVIS	Dat Full This was
	1031 FMII3 4 AMIB 8383
The general type of business transacted un	nder the assumed business name is:
Retail Trade Transportation	n and Public Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson  Basement West
SAME	PO Box 83720
	Boise ID 83720-0080
	208 334-2301
5. Name and address for this acknowledgm	ent Phone number (optional):
COPY IS (if other than # 4 above).	1-208-773-9437
	1-200 113 940
	Secretary of State use only
	Secretary of State use only

IDAHO SECRETARY OF STATE

01/18/2007 05:00

CK: 5338 CT: 158010 BH: 1026965

1 2 25.00 = 25.00 ASSUM NAME 1 2

