

Capacity/Title: owner

(see instruction # 8 on back of form)

CERTIFICATE OF FILED E ASSUMED BUSINESS NAME DEC -8 PH 12: 54

FILED EFFECTIVE

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.

STATE OF TOUR

1. The assumed business name which the undersigned business is: Direct Mail Essev	
	entity or individual(s) doing Complete Address 5942 Hwy. 2 0 - Bex 366 and point, ID 83864
3. The general type of business transacted under the Retail Trade Transportation and Puttle Wholesale Trade Construction Services Agriculture Manufacturing Mining	
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Jeff Breakey P.O. Box 366 Sandpoint, ID 83864	Name and \$25.00 fee to: 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):	Phone number (optional): 208-265-5284
	Secretary of State use only
Signature: JBleature (signature required) Printed Name: Jeff Breakey	TRAIN OFFIRETAINS OF STAGE

071206

IDAHO SECRETARY OF STATE
12/09/2003 05:00
CK: 2297 CT: 158010 BH: 715617
1 @ 25.00 = 25.00 ASSUM NAME # 2