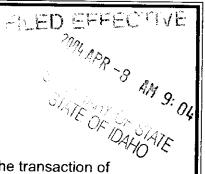


CERTIFICATE OF ASSUMED BUSINESS NAME

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 f	iling.
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
2. The true name(s) and business address(es) of business under the assumed business name: Name Switchly P. Veach Randy Paulino 35	the entity or individual(s) doing Complete Address Parnell Dr. Buhl, Th. 83316
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Such Jewis Fords To 83301	
5. Name and address for this acknowledgment copy is (if other than # 4 above): Silventum Veach 351 8th Aue Dorle Thin Falls TD 83301	Phone number (optional): 208: 320: 1449 Secretary of State use only
Signature: Luci (signature required) Printed Name: Cwery Lank Capacity/Title: Owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 94/98/2004 95=00 CK: 7471 CT: 158010 BH: 738130 1 @ 25.00 = 25.00 ASSUM NAME # 2