

Capacity/Title: 6wner

(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. TE: See instructions on reverse before filing.

NOTE: See instructions on reverse before filing.

 The true name(s) and business address(s) business under the assumed business national Name 	es) of the entity or individual(s) doing ame: Complete Address
MARK)ANDWSKI	304 BIG MENDOW, TROY TO 838; 304 BIG MENDOW RD, TKOY IO E
3. The general type of business transacted usiness transportation. Retail Trade Transportation Wholesale Trade Construction	on and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: MARCO ANDWSK	Secretary of State 700 West Jefferson Basement West PO Box 83720
JOG BIG MENDOW RD TROY ID 83871	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm	nent Phone number (optional):
COpy is (if other than # 4 above).	

D 80995

IDAHO SECRETARY OF STATE
10/15/2004 05:00
CK: 8271 CT: 158810 BH: 771272
1 8 25.80 = 25.80 ASSUM NAME # 2