(see instruction # 8 on back of form)



CERTIFICATE OF Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name Constitution of print legibly. ASSUMED BUSINESS NAME SENSY -7 N/ 9:56

NOTE: See instructions on reverse before filing.

The assumed business name which the undersigned use(s) in the transaction of business is: THEXCOUNTION TONCETE	
2. The true name(s) and business address(es) of the e business under the assumed business name: Name Tracy Armstrong Tori Armstrong	ntity or individual(s) doing Complete Address BOX 276 N berty, IN 8334
3. The general type of business transacted under the a Retail Trade Transportation and Pub Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: 22 (c FT(U) 0) 833(1) P.O. BOY 21 (c) 833(1)	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): Sowing But Tuin Fulls, 1083303	Phone number (optional):
Signature: Printed Name: Capacity/Title:	IDAHO SECRETARY OF STATE 11/08/2005 05:00 CK: 4968 CT: 158010 BH: 921029 1 0 25.00 = 25.00 ASSUM NAME # 2

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