

Capacity/Title: <u>swner</u>

(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.

04 SEP - 1 AM 9: 22

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

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1. The assumed business name which the underside business is:	
_	ne entity or individual(s) doing Complete Address 88 N. Symmerfield Way eridian IO 83642
3. The general type of business transacted under the 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: Debra R. Rambo 3388 N. Summer field Way Meridian TO 83642	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): (208) 8ワノース66/
Signature: Signature required) Printed Name: Debra R. Rambo	IDAHO SECRETARY OF STATE 9/01/2004 05:00 CK: 7126 CT: 158010 BH: 763877 1 0 25.00 = 25.00 ASSUM NAME # 2