

CERTIFICATE OF ASSUMED BUSINESS NAME

2004 MAY 10 A 9: 36

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE OF IDAHO

NOTE: See instructions on reverse before filing.

2. The true name(s) and business address(es business under the assumed business name Name Anthony CT.C.) Williams	of the entity or individual(s) doing ne: Complete Address P.O. Bx 3258 Hailey - J 83333
3. The general type of business transacted ur	nder the assumed business name is:
Wholesale Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:
HAILY Td 833335. Name and address for this acknowledge copy is (if other than # 4 above).	ent Phone number (optional): 208-788-0899 Cell 208-309-0400
	Secretary of State use only
gnature Attom (T) Williams inted Name: Anthony CT.c.) Williams apacity/Title: OWNER	IDAHO SECRETARY OF STATE 10