CERTIFICATE OF

ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2005 JUN -9 AM 9: 21

SECRETARY OF STATE STATE OF IDAHO

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

Sandra Lerh

partner

(see instruction # 8 on back of form)

Printed Name:

Capacity/Title:

The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:	
Sandra Lerh	766 Newport St, Twin Falls, ID, 83301
Wendee Thompson	718 3rd Ave E, Twin Falls, ID, 83301
Retail Trade Transportation a Wholesale Trade Gonstruction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate the name and address to which future orrespondence should be addressed: Sandra or Wendee	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
579 Filer Ave	208 334-2301
Twin Falls, ID, 83301	
Name and address for this acknowledgmer copy is (if other than # 4 above);	Phone number (optional): 208-732-5082
	Secretary of State use only

IDAHO SECRETARY OF STATE

26/29/2005 05:00

CK: 549988 CT: 172099 BH: 815099
1 8 25.00 = 25.00 ASSUM NAME # 2