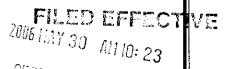


CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.



SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersign business is:	ned use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name: Name AREN I.JOHNSTON 20	Complete Address
3. The general type of business transacted under the	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: KAREN J JOHNSTON 925 110 th AVE, NE, PH 5 BELLEVUE, WA 98004	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above).	Phone number (optional): 208.788.0710
	Secretary of State use only
nature: Signature required) nted Name: KAREN J. JOHNSTON pacity/Title: OWNER DESIGNER (see instruction # 8 on back of form)	12/100342

IDAHO SECRETARY OF STATE

95/30/2006 95:00

CK: 2804 CT: 158810 BH: 957892

1 8 25.00 = 25.00 ASSUM NAME # 2