

Capacity/Title:\_

Manager (see instruction # 8 or back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

	FILED
CERTIFICATE OF  ASSUMED BUSINESS NAME  Pursuant to Section 53-504, Idaho Code, the undersigne submits for filing a certificate of Assumed Business Nam  Please type or print legibly.  NOTE: See instructions on reverse before filing.	ed (1/2)
The assumed business name which the undersigned usiness is:  The Hear-Hand Group	use(s) in the transaction of
The true name(s) and business address(es) of the entitle business under the assumed business name:  Name  Heartland LLC 1121  N5918 Eag.	Complete Address  E State St. Ste 107  le TD 8310110
Retail Trade Transportation and Puble Wholesale Trade Construction Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  The Heavilland Croup Saulto  5. Name and address for this acknowledgment copy is (if other than # 4 above):	
gnature: Suxan (signature required)  TVUNSTILLUM  See to the see t	

IDAHO SECRETARY OF STATE

94/30/2004 95:00

CK: 1264 CT: 173524 BH: 742349
1 0 25.00 = 25.00 ASSUM NAME 0 2