CERTIFICATE OF		FILED EFFECTIV
ASSUMED BUSINESS	NAME	rilev errevitt
Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Bu	undersigned siness Name.	2005 FEB - 2 AM 9: 03
Please type or print legibly. NOTE: See instructions on reverse before	filing.	STATE OF IDAHO
 The assumed business name which the under business is: 	rsigned use(s) in the transaction of
MM's Wil	d Pine	
The true name(s) and business address(es) or business under the assumed business name: Name		
Michael Paul Jones	Complete Address	
Madeline Clair Jones		Ave. Idaho Falls, Id. 83402
	1129 Ada	Ave. Idaho Falls, Id. 83402
 Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Michael P. Jones 1129 Ada Ave. Idaho Falls, Id. 83402 	Ass Nar Sec 700 Bas PO Bois	omit Certificate of umed Business ne and \$25.00 fee to: retary of State West Jefferson ement West Box 83720 e ID 83720-0080 334-2301
 Name and address for this acknowledgment copy is (if other than #4 above); 	Phone	e number (optional): -522 - 6758
		Secretary of State use only
G G		
nature: <u>Historic P. Jowes</u> nted Name: <u>AichGel P. Jowes</u> pacity/Title: <u>Owner</u> (see instruction # 8 on back of form)		IDAHO SECRETARY OF STATE 02/02/2005 05:0 CK: 1290 CT: 158010 BH: 7906 1 0 25.00 = 25.00 Assum Name