

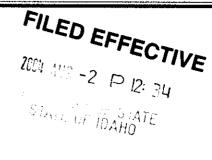
CERTIFICATE OF ASSUMED BUSINESS NAME

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.

Capacity/Title: <u>Sole Proprietor / Owner</u> (see instruction # 8 on back of form)



business under the assumed business na	es) of the entity or individual(s) doing ame:
Sherda Allard	Complete Address PoBox1581/530 Floyd St. MCall, Id B3638
The general type of business transacted **Commerce** Retail Trade	ion and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estat	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Sherda Allard dba Skamark BOX 1581 MUAII, Idaho 83639	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledge copy is (if other than # 4 above); 	Phone number (optional): 208 634 8327

IDAHO SECRETARY OF STATE

08/02/2004 05:00

CK: 5927 CT: 158810 BH: 758760

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