

Signature://

Printed Name:

Capacity/Title:_/`\\\

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE Pursuant to Section 53-504 Idobs Code 45

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

2006 JAN 13 AM 8:59

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE

The assumed business name which the undersig business is: Ountry Heart	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 LESTE D. January 10	e entity or individual(s) doing Complete Address LOS TENI CIRCLE BUNDAIN HOME, DAHO 83647
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: LESTE D JANK D.B.A. CANTRY HEART 10165 TENI CL. MANTAINHAME, 5. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
LESIE D. VALUES. D.B.A. COUTRY HEART MOSTEDICIELE, LIGHTANHOME,	Secretary of State use only

IDAHO SECRETARY OF STATE

01/13/2006 05:00

CK: 4679 CT: 158010 BH: 931932

1 0 25.00 = 25.00 ASSUM NAME # 2

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