

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business **Table 1** CT -8 AM 9: 1,9

Please type or print legibly. NOTE: See instructions on reverse before filing. STATE OF IDAHO

The assumed business name which the undersigned business is:  Senn fers	ed use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Jennifer S. Erchill 4781  Jennifer M. Sparth TSU	Complete Address
3. The general type of business transacted under the  Retail Trade Transportation and Putth Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ol>	Phone number (optional):
99	Secretary of State use only
Signature: Jennyli Signature required of Manufer M Speed Visuology Company Capacity/Title: Owners	IDANO SECRETARY OF STATE

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

10/08/2004 05:00

CK: 2119 CT: 182769 BH: 778269

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