

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE-

2008 FEB - 1 AM 7: 33

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the undersign business is:	ed use(s) in the transaction of
Dr. J. Lea Smith	· · · · · · · · · · · · · · · · · · ·
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Name	Complete Address BOY 5 I Filer, ID 83328 150th Place Southeast Creck, WA 98012 assumed business name is:
5. Name and address for this acknowledgment copy is (if other than # 4 above).	208 334-2301 Phone number (optional): (208)376 - 4745
	Secretary of State use only
Signature: J. Lea Smith (1808)	0118725
Signature:	IDAHO SECRETARY OF STATE 02/01/2008 05:00 CK: 1888 CT: 158010 BH: 1097499 1 0 25.00 = 25.00 ASSUM MAME # 2
(0119 Williams	