

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned 211 25 M 9: 26

Please type or print legibly.

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NOTE: See instructions on reverse before fi	iling.
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 The assumed business name which the undersign business is: The true name(s) and business address(es) of the business under the assumed business name: 	4
Name Name Auly m. Padgetts	Complete Address 918/2 1.15 St. Pay Str. Dd-83661
3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): (208) HB 2507
- Jun 299 Jun 201 Jun	Secretary of State use only
Signature: All (signature required) Printed Name: Hurley Panger Manager Capacity/Title: Owners	IDAHO SECRETARY OF STATE 1/27/2004 05 = 00 CK: 2999 CT: 158010 BH: 723869 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title: (see instruction # 8 on back of form)	