Printed Name: John

Capacity/Title: Cwn ev_

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

	FILEN
CERTIFICATE OF ASSUMED BUSINESS NAM Pursuant to Section 53-504, Idaho Code, the undersig submits for filing a certificate of Assumed Business Na Please type or print legibly. NOTE: See instructions on reverse before filing.	ned これで
The assumed business name which the undersigned business is: ###################################	·
	Complete Address ×370. 509 E Main vaigmont. Id. 83523
The general type of business transacted under the Retail Trade	
Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: HAHX TRACTOV- Seat S BOX370 509 F. Main Cvaig mont. Fd. 83523	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): 208-904-5538
	Secretary of State use only

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