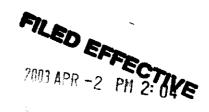


CERTIFICATE OF ASSUMED BUSINESS NAME

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



Please type or print legibly.

NOTE: See instructions on reverse before filing.

Capacity/Title: Owner - operator

(see instruction # 8 on back of form)

STATE OF IDAHO

The assumed business name which the undersi	gned use(s) in the transaction of
business is: Brent Microsle BOYD S	TREET ANVIL
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Brant M. Poole 10.	the entity or individual(s) doing Complete Address L. Boyd Ave Coeurd Alene 83814
 3. The general type of business transacted under Retail Trade	
Signature: Sumu Poole (signature required) Printed Name: Brant M. Pole	Secretary of State use only IDAHO SECRETARY OF STATE 04/02/2003 05:00 CK: 4240 CT: 158010 BH: 672464 1 0 20.00 = 20.00 ASSUM NAME # 2

D64118