

Capacity/Title: Owner

(see instruction # 8 on back of form)

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.

OL MAY 24 PM 4: 10

SECRETARY OF STATE STATE OF IDAHO

D76652

The assumed business name which the undersigned business is:	l use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing	
business under the assumed business name: Name Control Control	Complete Address DILUIS Way 83766
3. The general type of business transacted under the a Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: 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): 207 392-4141
Signature: (signature reduced) Printed Name: (signature reduced)	IDANO SECRETARY OF STATE 05/25/2004 05:00 CK: CASH CT: 158810 BH: 746988 1 8 25.00 = 25.00 ASSUM WANE # 2