FILED EFFECTIVE



Printed Name: _

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME 2007 APR 18 AM 9: 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.

I. The assumed business name which the under business is: Gem State Lau	
	Complete Address Oo w. Caldenard Merelin, DO 83642
The rail Hade	r the assumed business name is:
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: 600 W. Caldenard Meridian, ID 8364[1]	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) \$70 - (146)
gnature: The Court (eignature required) rinted Name: Tasan T. Recolary	Secretary of State use only Secretary of State use only IDAHO SECRETARY OF STATE ### ### ### ########################

IDAHO SECRETARY OF STATE

84/18/2887 85:80

CX: 2288 CT: 158818 BH: 1847778

8 25.88 = 25.88 ASSUM NAME # 2

