

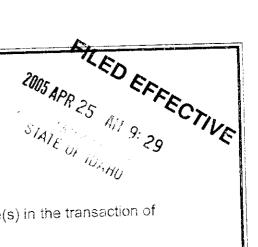
Capacity/Title: OWNEY

(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.



NOTE: See instructions on reverse before filing.	170
1. The assumed business name which the undersigned use(s) in the transaction of business is: (10ensferry Greyhounds	
	Complete Address 6605 Green Ferry rd. Per N'alene ID 83814
3. The general type of business transacted under the assumed business name is:	
Retail Trade	
copy is (if other than # 4 above): 10WMG H MICHAINAN EFO S. GIVEN HERRY RUGH ORLY & GIENE D 53814	Secretary of State use only
Signature: Kanna (Signature regulated) Printed Name: Rowe na H Mayninan	
Printed Name: Nowena 17 1719 1116 11	IDAHO SECRETARY OF STATE

IDAHO SECRETARY OF STATE

04/26/2005 05:00

CK: 4124 CT: 158010 BH: 806713

1 8 25.00 = 25.00 ASSUM NAME # 2