

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

05 JUN-6 PM 3: 15

Please type or print legibly. NOTE: See instructions on reverse before filing.

The true name(s) and business address(business under the assumed business na	es) of the entity or individual(s) doing ame: Complete Address 1904 Terrace Drive Caldwell Idaho 83605
3. The general type of business transacted Retail Trade Transportation Wholesale Trade Construction	on and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Melissa A. Blood C.A.M.P. Director 1904 Terrace Drive Caldwell, ID 83605	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is at other than # 4 above (ent Phone number (optional):
	Secretary of State use only
nted Name: Melissa A. Blood pacity/Title: Owner Director (See instruction # 8 on Lack of Force.	Special states stated to the state of the st

06/06/2005 05:00 CK: 54790 CT: 172099 BH: 814522 1 0 25.00 = 25.00 ASSUM NAME # 2

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