

Signature:_

Printed Name:

Capacity/Title:

(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.

FILED EFFECTIVE

200 JAM 31 PH 1:05

SECT

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the unbusiness is:	
2. The true name(s) and <u>business</u> address(est business under the assumed business name Name	
3. The general type of business transacted until Retail Trade Transportation Wholesale Trade Construction 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: Dustin Edison 89 N. Venuce ST. Name and address for this acknowledgment 	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
Rub of M. Herris	Secretary of State use only

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IDAHO SECRETARY OF STATE @1/31/2005 95:00 CK: CASH CT: 185668 BH: 790222 1 0 25.00 = 25.00 ASSUM MANE 0 2

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