

Capacity/Title: 500

(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
08 JAN 18 AM 8: 29

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the unbusiness is: H- Ove Refrictation	dersigned use(s) in the transaction of
2. The true name(s) and business address(es business under the assumed business name Name	S) of the entity or individual(s) doing ne: Complete Address Box 3274 Harley, Id 83333
3. The general type of business transacted un	nder the assumed business name is:
Retail Trade Transportation 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 for this acknowledgme copy is (if other than # 4 above):	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
	Secretary of State use only
Signature: (Agricular required) Printed Name: Kylic Hocen	sector formalisation pGS sector formalisation pGS

IDAHO SECRETARY OF STATE **01/18/2008 05 : 20** CK: 4580 CT: 221635 BH: 1895364 1 8 25.88 = 25.88 ASSUM NAME # 2

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