

Printed Name

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

FILED EFFECTIVE

2004 OCT 21 AM 8: 57

STATE OF IDAHO

Strickland Redi	
2. The true name(s) and business address(es) of the business under the assumed business name: Name Name	Complete Address Sogle Faaho
3. The general type of business transacted under the	ne assumed business name is:
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Tyckland Real Estate 5. Name and address for this acknowledgment copy is (if other than # 4 above):	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
nature: Lors Sorulland	Secretary of State use only

IDAHO SECRETARY OF STATE 10/21/2004 05:00 CK: 1907 CT: 150010 BH: 772438 1 0 25.00 = 25.00 ASSUM NAME # 2