

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 2003 JUN 23 AM 8: 49

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

(see instruction # 8 on back of form)

STATE OF IDAM STATE

| | UF IDAHO |
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| The assumed business name which the undersign business is: | |
| Q2-40U | |
| 2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Mary To Pickering 36 | Complete Address |
| The general type of business transacted under the assumed business name is: | |
| Retail Trade Transportation and Pu Wholesale Trade Construction | |
| △ Services | Submit Certificate of Assumed Business Name and \$25.00 fee to: |
| 4. The name and address to which future correspondence should be addressed: Mary Jo Pickering 3605 Hillerest Circle Coeur d'Aleue, ID 83815 | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| 5. Name and address for this acknowledgment copy is (if other than # 4 above): | Phone number (optional): 676-9026 |
| | Secretary of State use only |
| man and and and and and and and and and a | Mak587 |
| Signature: (signature required) | IDAHO SECRETARY OF STATE |
| Signature: Mary To Picker un Ward Domes Manuel Capacity/Title: Owner of the control of the contr | 06/23/2003 05 = 00 CK: 3511 CT: 158010 BH: 687345 1 0 25.00 = 25.00 ASSUM NAME # 2 |
| Capacity/Title: ()()()()()()() | |