

Signature:_

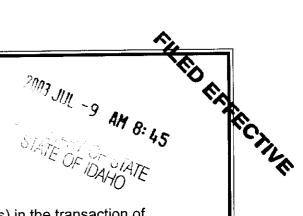
Printed Name:

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

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



Retail Trade Transportation and Pu	Complete Address 457 S. 4th W. Apt. 19 Rexburg, ID 83440 assumed business name is:
The state of the s	
 Wholesale Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Paul D. Waldrop II 457 S. 4th W. Apt. 19 Rexburg, ID 83440	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): (208) 656-0695

Paul D. Waldrop II

Owner

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE 97/09/2003 05:00 CK: 380 CT: 158010 BH: 69866 0 25.00 = 25.00 ASSUM MANE # 2

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