

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE NI NOV 15 WID: 20

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

STATE OF IDATIONE

D 419876

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

(see instruction # 8 on back of form)

1. The assumed business name which the undersigned business is:	
The true name(s) and <u>business</u> address(es) of the e business under the assumed business name: Name O	
3. The general type of business transacted under the a Retail Trade Transportation and Pull Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: Sackie Updikl 2208 SE 5th Way Meridian, TD83642	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):
Signature: Sockies Uplice Printed Name: Sockies Uplice Capacity: Owner	IDANO SECRETARY OF STATE 11/15/2001 05:00 CK: 1235 CT: 153665 BH: 429814 1 8 20.00 = 20.00 ASSUM NAME # 2