Printed Name: Jonathan

(see instruction # 8 on back of form)

Capacity/Title: Owner

CERTIFICATE OF ASSUMED BUSINESS NA Purcent to Section 53-504, Idaho Code, the underside of Assumed Business Please type or print legibly. NOTE: See instructions on reverse before filing a certificate of Assumed Business on reverse before filing a certificate of Assumed Business is:	ersigned s Name. 2003 JUN -2 AM 9: 20 ng. SEUMETARY OF STATE STATE OF IDAHO
2. The true name(s) and business address(es) of the business under the assumed business name: Name Tonathan Bohall Pode	e entity or individual(s) doing Complete Address Box 6 Aden , TD. 83835
3. The general type of business transacted under the Retail Trade Transportation and Position Wholesale Trade Construction Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 762-7461
gnature: Another Roll 4	Secretary of State use only

IDAHO SECRETARY OF STATE

96/09/2003 95:00

CK: 1136 CT: 158010 BH: 684880

1 8 25.00 = 25.00 ASSUM NAME # 2

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