

## 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.

FILED EFFECTIVE

2006 APR -6 PM 3: 45

SECRETARY TO AHO

MOLE: See management	of
The assumed business name which the undersigned	use(s) in the transaction of
The assumed business name who are	
business is: Arcadia	
	ar individual(s) doing
. The true name(s) and business address(es) of the e	initity of individual(e)
The true name(s) and business address name: business under the assumed business name:	Complete Address
Name	PO Box 547
Alison Teresa Howe-O'Flynn	Kootenai Idaho 83840
3. The general type of business transacted under the	assumed business name is:
3. The general type of business transactor of the second o	
Retail Trade Transportation and Pr	ublic Utilities
Wholesale Trade Construction	
Services Agriculture	Submit Certificate of
Gel Aloon	Assumed Business Name and \$25.00 fee to:
	Name and \$25.00 lee to.
Finance, Insurance, and Real Estate	Secretary of State
4. The name and address to which future	700 West Jefferson
correspondence should be addressed:	Basement West
Alison O'Flynn	PO Box 83720 Boise ID 83720-0080
	208 334-2301
PO 547	208 334 200
Kootenai Idaho 83840	Phone number (optional):
5. Name and address for this acknowledgment	2082638922
copy is (if other than #4 above):	400 463
	Secretary of State use only
m	s $NQCU(a)a$
Signature: (Algorithm required)	\$ 12/0/AA
Printed Name: ALISON TEKESA HOWE -	- Park
Capacity/Title: SOLE PEOP -	IDAHO SECRETARY OF STATE
(see instruction # 8 on back of form)	Ø4/06/2006 05:00 CK: 769930 CT: 172099 BH: 94782
(266 Hongodou n. o 24 and 1	1 8 25.00 = 25.00 ASSUM NAME #