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CERTIFICATE OF ASSUMED BUSINESS NAME

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

2009 AUG 18 PM 3: 42 SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2. The true name(s) and business address(es)		entity or Individual(s) doing	
business under the assumed business name Name Rachel Aleilo): 	Complete Address PO Box 643 Salmon, ID 83467	
3. The general type of business transacted und			
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Rachel Alelio		Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080	
PO 80x 843 Salmon, ID 83467		(208) 334-2301	_
5. Name and address for this acknowledgmen copy is (if other than #4 above): Same	nt		Harry W
		Secretary of State use only	
ignature:	gloonplannenen terreleta.p55 Revised 04/2003	IBAHO SECRETARY 08/18/2009 CK: 298789 CT: 172 8 99	OF STATE 95 = 90 BH: 1183443 ASSUM NAME #

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