

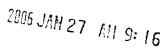
Capacity/Title:_

(see instruction # 8 on back of form)

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.



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The assumed business name which the undersign	ed use(s) in the transaction of
business is:	•
EAGLE FREEDOM	<u>tunding</u>
2. The true name(s) and business address(es) of the business under the assumed business name:	
Name	Complete Address
VICKY DOBERTS PU	Box 902
EA	GLE, ID 83616
3. The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and P Wholesale Trade Construction	ublic Utilities
Services Agriculture Manufacturing Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720
3012 QUEEN ANNE DR EMMETT ID 83617	Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional):
	Secretary of State use only
ignature: Cicky Roberts rinted Name: Vicky Roberts apacity/Title: Owner	195-859
rinted Name: Vicey Bobbets was a constrained by the second of the second	IDAHO SECRETARY OF STATE @1/27/2006 05:00
Capacity/Title: DWNER	CK: 5043 CT: 158010 BH: 934492 1 @ 25.00 = 25.00 ASSUM MAME #