

CERTIFICATE OF ASSUMED BUSINESS NAME

04 NOV -4 AM II: 07

FILED EFFECTIVE

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

SECRETARY OF STATE STATE OF IDAHO

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 use(s) in the transaction of business is:	
	he entity or individual(s) doing Complete Address 25 Highlander PD Base Id 83709 5 Highlander PD Base Id 83209
3. The general type of business transacted under to Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Michael Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Michael Manufacturing Michael Ro	
5. Name and address for this acknowledgment copy is (if other than # 4 above);	Phone number (optional): 208-362-257-4 Secretary of State use only
Signature: Mul 1 (signature required) Printed Name: Michael Edward Capacity/Title: Owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 11/04/2004 05:00 CK: CASH CT: 158010 BH: 774882 1 8 25.00 = 25.00 ASSUM NAME 1 2