FILED EFFEORIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2004 OCT 12 AM 11: 17

CTATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before	re filing.
The assumed business name which the und business is: Taylored Sechio	dersigned use(s) in the transaction of
The true name(s) and business address(es) business under the assumed business name Name Jared Taylor	of the entity or individual(s) doing le: Complete Address 3645 W. 49th S Idaho Falls, ID 83402
3. The general type of business transacted units and the second of the s	der the assumed business name is: and Public Utilities Submit Certificate of
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 4. The name and address to which future	Assumed Business Name and \$25.00 fee to:
correspondence should be addressed: Jared Taylor 2645 W. 4945. Louis Falls, ID 83402	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than #4 above): 	nt Phone number (optional):
Printed Name: Jaked Tay Of Capacity/Title: OWNER (see instruction # 8 on back of form)	### IDAHO SECRETARY OF STATE 10/12/2004 05:00 CK: 10/21/1084481SD CT: 17/2099 BH: 77

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