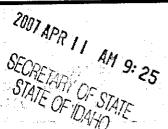


Capacity/Title: AND O

(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.



The assumed business name which the und	lersigned use(s) in the transaction of
business is: Twisted Moose E	nterprizes
The true name(s) and business address(es) business under the assumed business name	e :
Name	Complete Address PA Con UO 1 # / A Pull Pull Dr
JOY VALTON GARRIS	F.O. Box 496 #60 W. RIWIT Dr Clark FARK IDAHO
	SIREK PIKK 1000
The general type of business transacted un	der the assumed business name is:
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: CARK FORK IDAHO	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
copy is (if other than # 4 above):	(208) 266-0424
	Secretary of State use only

IDAHO SECRETARY OF STATE

04/11/2007 05:00

CK: 2557 CT: 158810 BH: 1646015
1 8 25.00 = 25.00 ASSUM NAME # 2

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