Capacity/Title: Owner

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME 2005 January 100 South Medical Code the undersigned

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.	SIAI: Township
The assumed business name which the undersigned business is:  Union Vack's	d use(s) in the transaction of
2. The true name(s) and business address(es) of the elbusiness under the assumed business name:  Name  Amama or Striart Mathews 4155  Pine R  Chubb	Complete Address
3. The general type of business transacted under the a Retail Trade Transportation and Pu Wholesale Trade Construction Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Amanda Mathews  532 W. Wyeth	
5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional): 208-261-2938
Signature: <u>Olla Leux</u> Printed Name: <u>Amanda Mathrins</u>	Secretary of State use only  IDAHO SECRETARY OF STATE  91/95/2005 95:00

IDAHO SECRETARY OF STATE
01/05/2005 05:00
CK: 1880 CT: 158018 BH: 785438
1 8 25.89 = 25.00 ASSUM NAME # 2

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