

## CERTIFICATE OF ASSUMED BUSINESS NAMEY -7 AM 9:01

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

STATE OF IDAHO Please type or print legibly. NOTE: See instructions on reverse before filing.

Net (orn	
The true name(s) and business address(es) business under the assumed business name Name	e: Complete Address
The general type of business transacted und	
Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
Net(om-C/E Ben Blaker PO BOX 7 Aberdeen, ID B3710	PO Box 83720 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

Sig Printed Name: Benjamin Blaker Capacity/Title: Cwne/

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE
11/07/2003 05:00
CK: 669 CT: 158010 BH: 710524
1 0 25.00 = 25.00 ASSUM NAME # 2

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