

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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. 2007 JUN -4, AM 8:2

1 The assumed husiness name which the conduction	
The assumed business name which the undersigned business is:	d use(s) in the transaction of
	-
Pell-Elgust Reunu	en
2. The true name(s) and husiness add() at it	
The true name(s) and business address(es) of the e business under the assumed business name:	entity or individual(s) doing
Name	Complete Address
Chait of Din 167	Complete Address
CENTUSIME (C'aute 1921	appar Hue
Ju	un Falls, Id
	8 <i>330</i> /
2. The general time of house	
The general type of business transacted under the a	assumed business name is:
Retail Trade Transportation and Put	olic I Hilitige
Wholesale Trade Construction	Silo Ottindes
Services Agriculture	
	Submit Certificate of
	Assumed Business Name and \$25.00 fee to:
Finance, Insurance, and Real Estate	realite and \$25.00 (ee to.
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Christine Capill	Basement West
	PO Box 83720 Boise ID 83720-0080
1321 Poplar Hul	208 334-2301
Twin Falls, Id 83301	
5. Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above):	, ,
	Secretary of State use only
Alla to a Dia	00P111CD
gnature: Skristine Sakill (signature required) cakill signature (signature required) cakill signature (signature required) signature required (signature required (signature required required (signature requ	DIII IQU
inted Name: Christine Cakill	YRANG GEOGRAPH OF GTATE

IDAHO SECRETARY OF STATE

96/94/2007 95:00

CK: 12041177 CT: 158010 BH: 1057613
1 8 25.00 = 25.00 ASSUM NAME # 2

Capacity/Title: Of min i 3 uc (see instruction # 8 on back of form)