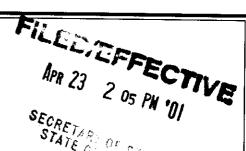


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



SECRETAR OF STATE

The assumed business name which the und business is:	dersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name Name Maylor	of the entity or individual(s) doing
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction	der the assumed business name is: and Public Utilities
☐ Services☐ Agriculture☐ Manufacturing☐ Mining☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: Social & Maylin 9117 12 Halstead plp Bocol Lalato 83704	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgmer copy is (if other than # 4 above): 	nt Phone number (optional):
	Secretary of State use only
	IDAHO SECRETARY OF STATE 94/23/2001 09:00
Signature: Nora & Marflen	CK: CASH CT: 119545 BH: 392746
Printed Name: Noen L. maylen	94/23/2001 09:00 CK: CASH CT: 119545 BH: 392746 1 9 28.08 = 20.00 ASSUM NAME # 2
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(see instruction # 8 on back of form)	0 44130