Capacity/Title: <u>// ルルピ</u>

(see instruction # 8 on back of form)

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.

2006 JUN 22 AM 9: 29

Please type or print legibly.

NOTE: See instructions on reverse before filing.	SECHETARY OF STATE STATE OF IDAHO
 The assumed business name which the undersigned business is: 	use(s) in the transaction of
MIKE NORMAN CYTTING	•
2. The true name(s) and business address(es) of the er business under the assumed business name: Name MIKE NORMAN RT 1,	Complete Address
3. The general type of business transacted under the at Retail Trade Transportation and Pub Wholesale Trade Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson
correspondence should be addressed: Chorrows & CLACK CLOFINO, IN 83544	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above).	Phone number (optional):
	Secretary of State use only
Signature: Michael W. Morsun (signature required) Printed Name: MICHAEL W. NORMAN	0)01180

IDAHO SECRETARY OF STATE

06/22/2006 05:00

CK: 5491 CT: 189256 BH: 961476
1 0 25.00 = 25.00 ASSUM NAME # 2