

Capacity/Title:__

(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.

2004 SEP -9 AM 8: 59

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address	
The general type of business transacted under the Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State
correspondence should be addressed: Jim McKain	700 West Jefferson Basement West PO Box 83720
52 East 300 South Burley, ID. 83318	Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 801 918 8263
	Secretary of State use only

IDANG SECRETARY OF STATE

99/99/2004 05:00

CX: 534118666852 CT: 158810 BH: 765177

1 0 25.88 = 25.88 ASSUM MANE # 2

D79894