



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.

FILED EFFECTIVE

06 NOV -6 AM 11:25

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

WESTERN WHOLESALE TREASURE VALLEY

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

PIPE DREAMZ INC.

3001 N. LOCHSA AVE

C169067

MERIDIAN ID 83646

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

PIPE DREAMS INC.

3001 N LOCHSA AVE

MERIDIAN ID 83646

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
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):

Signature:

(Signature)
(signature required)

Printed Name: DEVIN K BEACH/PIPE DREAMZ INC

Capacity/Title: OWNER/PRESIDENT

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\form\latn form\abn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
11/06/2006 05:00
CK: 1017 CT: 204800 BH: 1010571
1 25.00 = 25.00 ASSUM NAME 2

10105302