

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

08 NOV 12 AM 8: 45

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See Instructions on reverse before filing.

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 The assumed business name which the und business is:	of the entity or individual(s) doi e: Complete Address	
3. The general type of business transacted until Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: P.O. Box 262 Lewiston, TD 5. Name and address for this acknowledgm copy is (if other than # 4 above):	Submit Certificate of Assumed Business Name and \$25.00 for Idaho Secretary of St 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301	f ee to: ate
Signature:	Secretary of Sta Secretary of Sta 100000 11/16 CK: 1015	SECRETARY OF STATE 22008 05:00 CT: 231341 BH: 1143998 25.80 ASSUM NAME # 2