

CERTIFICATE OF ASSUMED BUSINESS NAME

FILE	D EFFECTIVE CO
CERTIFICATE OF ASSUMED BUSINESS NAM Pursuant to Section 53-504, Idaho Code, the undersig submits for filing a certificate of Assumed Business National Please type or print legibly. NOTE: See instructions on reverse before filing.	gned Solo Solo Solo Solo Solo Solo Solo Sol
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
ID.	Complete Address Ler Ave, #3C Twinfalls 7 83301 4UCF Jerome ID. 83338
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 correspondence should be addressed: Dovid Heaton 5.31 Filtr Aur #3C Twin Falls I.D. 83301	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	
Daniel Sertic D DAVID J Sec Fric D Signature: [] (Signature required) Printed Name: David J Hegton Capacity/Title: Partner & OWNER	Secretary of State use only
Capacity/Title: <u>/ avt nev + owner</u> (see instruction # 8 on back of form) (2087212-9178	IDAHO SECRETARY OF STATE 02/15/2008 05:00 CK: 1529 CT: 222580 BH: 1899763 1 8 25.00 = 25.00 ASSUM NAME # 2

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