

Capacity/Title: OWNER

(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.

02 JUL -5 PM 2: 33

Please type or print legibly. NOTE: See instructions on reverse before filing.

STATE OF IDAHO

1. The assumed business name which the undersign business is:	ed use(s) in the transaction of
	Complete Address DE BAYOU BAR AVE EDIDIAN, ID 83642
Retail Trade Transportation and Post Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: TBAH 3030 SBAYOU BARAVE MERIDIAN, TD 83642	Submit Certificate of Assumed Business Name and \$20.00 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): 208-288 - 12-35
Signature: Jamara Jacen Printed Name: TAMARA J BAUN STREET	IDAHO SECRETARY OF STATE 07/05/2002 05:20 CK: CASH CT: 158010 BH: 475794 1 8 20.00 = 20.00 ASSUM NAME # 2