

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.

2006 FEB 24 All 9: 84

Please type or print legibly.

NOTE: See instructions on reverse before filling.

SECRETAIN OF STAT STATE OF IPPHO

	e true name(s) and siness under the as Name		me:	ity or individua		
n		1c.Ceau		•		8388
G	PARY ANN M. ERRY B. M.	CRAY	HOY N.	YTH ST.	CLA,	838/4
— 3. The	general type of bu	siness transacted u	nder the ass	umed busines	ss name is:	
×	Retail Trade	Transportation				
	Wholesale Trade	<del></del>	<u></u>			<del></del> 1
	Services	Agriculture		Submit Certifi		}
	Manufacturing Finance, Insurance	Mining ce, and Real Estate		Assumed Bus Name and \$2		
	name and address			Secretary of S		,
corre	espondence should	be addressed:		700 West Jeff Basement We		
	ANTIQUE CO	ENER		PO Box 83720		
	104 N. 47K			Boise ID 8372 208 334-2301		
	ne and address for		nt F	Phone number	(optional):	
cop	y is (if other than #4 above	e);		208-667-	8250	
				Secretary o	of State use only	<u></u>

IDAHO SECRETARY OF STATE 02/24/2006 05:00 CK: 3151 CT: 158010 RH: 939452 1 25.00 = 25.00 ASSUM NAME # 2

D96847