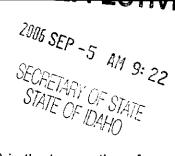
## FILED FFFECTIVE



## **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.



The assumed business name which the u business is:	undersigned use(s) in the transaction of
Mut Boxs team rop	oing
2. The true name(s) and business address(e business under the assumed business na Name  John Flinders     The true name(s) and business address(e business address(e business name business name business name business address(e business)))	es) of the entity or individual(s) doing ame:  Complete Address  1620 5200 83444
3. The general type of business transacted u	under the assumed business name is:
	on and Public Utilities
Services  Manufacturing  Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	nent Phone number (optional):
	Secretary of State use only
gnature: John Hinders	IDAHO SECRETARY OF STATE  9/05/2006 05:0  CK: 678918245 CT: 69278 BH: 9
pacity/Title: <u>@www/</u> (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  99/05/2006 05:0  CK: 678910245 CT: 69278 BH: 9:  1 0 25.00 = 25.00 ASSUM NAME