

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.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction #8 on back of form)

11 10 - 4 PH 4: 45 11 STATE TO AHO

business under the assumed busing Name Tricia Book	lress(es) of the entity or individual(s) doing ess name: Complete Address Po. Boy 896 Ennett, To 836
THE COCC	FO. COL STG CHAREA, LD 800
3. The general type of business trans	acted under the assumed business name is:
July 1 Colon 1 Colon	portation and Public Utilities
 Wholesale Trade Cons Services Agric Manufacturing Minin Finance, Insurance, and Rea 	g Assumed Business
1. The name and address to which fur correspondence should be address P.O. Box 896 Emmett, TD 83674	ure Secretary of State
5. Name and address for this acknowledge.	—
COPy iS (if other than #4 above).	208-36-DAY
	Secretary of State use only

IDAHO SECRETARY OF STATE

03/04/2004 05:00

CK: 2315 CT: 158010 BH: 731008
1 0 25.00 = 25.00 ASSUM NAME # 2

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