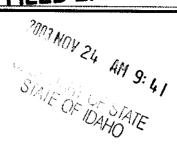


CERTIFICATE OF ASSUMED BUSINESS NAME

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.

(see instruction # 8 on back of form)



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The assumed business name which the undersigned business is: Spacktime	ed use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name: Name David Dion 42 Veronica Dion 605	entity or individual(s) doing Complete Address 3 9 E Quail Heres Rd T Falls, Idaho 83854
3. The general type of business transacted under the Retail Trade Transportation and Puttle Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: 4239 E Quail Acres Ro Post Falls	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): h /a _	Phone number (optional): 208 773 - 9000
	Secretary of State use only
Signature: Veronica Dion Printed Name: Veronica Dion Capacity/Title: Owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 11/24/2003 05:00 CK: 3730448861 CT: 158010 BH: 71314 1 0 25.00 25.00 ASSUM NAME # 2

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