

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE 07 DEC 31 AM 9: 37

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. SECRETARY OF STATE STATE OF IDAHO

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

(see instruction # 8 on back of form)

1. The assumed business name which the business is:	undersigned use(s) in the transaction of
2. The true name(s) and business address business under the assumed business name Name Jason Earn	c(es) of the entity or individual(s) doing name: Complete Address P.O. Box 83 Troy, ID. 83871
3. The general type of business transacted Retail Trade Transportat Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: T+5 Hotsaws P.O. Box 82 Troy, ID. 83871	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgr copy is (if other than # 4 above): 	ment Phone number (optional): 208 877 - 7758
	Secretary of State use only
Signature: Printed Name: Ja. Signature required: Capacity/Title: Owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 12/31/2007 05:00 CK: 1666 CT: 220928 BH: 1092001 1 6 25.00 = 25.00 ASSUM NAME # 2

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