FILED EFFECTIVE

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

2004 OCT 25 AM 9:38

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

STATE OF IDAHO

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

1. The assumed business name which the undersigne business is:	• •
PREFERRED REAL ESTA	TE JUV.
 The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: 	
Ton HARWARD 38 W	Complete Address 1. 100 N. P.O. Box 325
PARI	5 ID 83261
The general type of business transacted under the a	assumed business name is:
Retail Trade Transportation and Public Utilities 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: Tom HARWARD 1.0. Box 325 VARIS ID 8326/	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): 1011 JARWARD	Phone number (optional): SOI - 703-5655
9760 N ALPINE HWY	Secretary of State use only
Signature: 1011 HARWARD Canacity/Title: 04450	IDAHO SECRETARY OF STATE 10/25/2004 05:00 CK: 7503 CT: 150016 BH: 772073 1 0 25.00 = 25.00 ASSUM NAME # 2
Printed Name: Jan Haruaro	1 C- 12 - 01
Capacity/Title: OUINED	1381278