

Capacity/Title: ♥ ७ 人冬

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

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

 The assumed business name which the undersigned use(s) in the transaction of business is: MROCK YARD CARE 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture Services Submit Certificate of Manufacturing Mining Assumed Business Name and \$25.00 fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State 700 West Jefferson correspondence should be addressed: **Basement West** PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): Name and address for this acknowledgment CODY IS (if other than # 4 above). 208 647 6140 Secretary of State use only g:\corp\forms\abn forms\abn.p65 D161488 Signature://