CERTIFICATE C	OF FILED EFFECTIVE
ASSUMED BUSINE	
Pursuant to Section 53-504, Idaho Coo submits for filing a certificate of Assume	de, the undersigned
Please type or print legibly	SEUNEIANT OF STATE
NOTE: See instructions on reverse before filing.	
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
<ol> <li>The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:</li> </ol>	
Name	Complete Address
BENTSHAM EIISNORTH	3390 N. OAKSTONIE MERIONAN, ID 83646 3390 N. OAKSTONIE MERIDIAN, ID 83646
JELINIFOR ENSWORM	3390 N. OAKSTONE MERIDIAN, JD 83646
<ul> <li>3. The general type of business transacted</li> <li>Retail Trade</li> <li>Transporta</li> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Mining</li> <li>Finance, Insurance, and Real Esta</li> <li>4. The name and address to which future correspondence should be addressed:</li> <li><u>i Preserve</u>- Treasure Val</li> <li><u>3390 N. 04ksesve</u></li> <li><u>Metholand</u>, To 83646</li> </ul>	ate Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720
<ol> <li>Name and address for this acknowledg copy is (if other than # 4 above):</li> </ol>	gment
······································	Becretary of State use only
Simology Bolt	
Signature:	
Printed Name: Barsson Elisworm	- use IDAHO SECRETARY OF STATE - USA - 000 - 000
Capacity/Title: Owner / Migor A care	IDANO SECRETARY OF STATE 8 09/15/2009 05:00
(see instruction # 8 on back of form)	CK: 311207 CT: 172099 DH: 1187162 1 0 25.00 = 25.00 ASSUM NAME 0 2
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