CERTIFICATE OF

ASSUMED BUSINESS NAMESEP 17 PM 2: 54
Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name & TARY OF JOAHO
Please type or print legibly.

Please type or print legibly. Instructions are included on back of application.

Capacity/Title:_____

2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address	
(W96489)	
3. The general type of business transacted Retail Trade Transporta Wholesale Trade Construction	ition and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Est	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: 3278 E, 1st Street #2	Secretary of State 450 North 4th Street PO Box 83720
Idaho Falls, Idaho 83401	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (fother than #4 above); Ryan B. Meikle P. O. Box 50130 Idaho Falls, Idaho 83405	ment Secretary of State use only
gnature: Morta distrib.	
nted Name: Marta Dansie	_
pacity/Title: Manager	_
gnature:	_
inted Name:	- IDAHO SECRETARY OF S

IDAHO SECRETARY OF STATE

99/17/2010 95:00

CK: NONE CT: 12945 BH: 1239461
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