FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigne (105, 100) (17, 100) submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction #8 on back of form)

Nextline	
The true name(s) and business address business under the assumed business r Name Rick G. Vance	s(es) of the entity or individual(s) doing name: Complete Address 4484 Canvasback Ave Post Falls, ld 83854
3. The general type of business transacted Retail Trade	tion and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Assumed Business
The name and address to which future correspondence should be addressed: Rick G. Vance 4484 Canvasback Ave.	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
Post Falls, Id 83854 5. Name and address for this acknowledg copy is (if other than # 4 above):	208 334-2301 Phone number (optional): 207-777-2793
	Secretary of State use only
gnature: Suk Lucco (signature required) Rick G. Vance apacity/Title: Owner	IDAHO SECRETARY OF STATE 06/17/2005 05:00 CK: 1616 CT: 158618 BH: 8166 1 9 25.88 = 25.88 ASSUM NAME

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