P

(see instruction # 8 on back of form)



CERTIFICATE OF ASSUMED BUSINESS NAME

THE EFFECTIVE

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

06 MAR - 2 PM 1: 52

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

SECRETARY OF STATE

T & S AD-SPE	CIALTIES
The true name(s) and business address(es) of business under the assumed business name:	
	BOISE, ID 83704
3. The general type of business transacted under Retail Trade Transportation at Wholesale Trade Construction	er the assumed business name is:
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson
4586 N. MARCLIFFE WAY BOISE, ID 83704	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
Signature: DMUL S. GMUL (signature required) Printed Name: PAMELA S. GROVE Capacity/Title: OWNER	IDAHO SECRETARY OF STATE 93/02/2006 05 = 00 CK: 741076 CT: 172099 BH: 940764 1 8 25.89 = 25.89 ASSIM NAME # 2