CERTIFICATE O		
ASSUMED BUSINES	S NAME	24 A M 8⊧4(
Pursuant to Section 53-504, Idaho Code,	he undersigned	
submits for filing a certificate of Assumed Please type or print legibly.	SECPE	ARY OF STATE
Instructions are included on back of an	olication. STAT:	OF IDAHO
The assumed business name which the u business is:	ndersigned use(s) in the trans	action of
The true name(s) and <u>business</u> address(e business under the assumed business na		doing
Name	Complete Address	
Timothy R. Pask	23067 N Brynn Ln	
	Rathdrum, ID 83858	
The name and address to which future correspondence should be addressed: Timothy Pask 23067 N Brynn Ln	Secretary of Stat 450 North 4th Str PO Box 83720 Boise ID 83720-0 208 334-2301	eet
Rathdrum, ID 83858		
5. Name and address for this acknowledgme COPY IS (if other than #4 above):	Secretary of \$	
nature:		ecretary of stat
ted Name: <u>Timothy R. Pask</u> bacity/Title:_ <u>Owner</u>	Ø2/24	- -
ed Name: Timothy R. Pask acity/Title: Owner ature: ed Name:	02/24/ CK: 7212 CT 1 8 25.00 =	ECRETARY OF STAT