

Capacity/Title: ()(1) n E(2)

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

05 ANS -7 ANTH: 02

FILED EFFECTIVE

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

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

1. The assumed business name which the undersigned use(s) in the transaction of business is: OSA MANAGEMENT COMPANY OSA MANAGEMENT COMPANY	
2. The true name(s) and business address(es) of the e business under the assumed business name: Name SOLEDAD LUCIO 226 MCL	Complete Address
3. The general type of business transacted under the assumed business name is:	
Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State
4. The name and address to which future correspondence should be addressed: 2260 W. LOS FIOLES DR MELDIAN TOAHO 83646	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above).	Phone number (optional): (208) 884-4429
	Secretary of State use only
Signature: Soleda Sur Signature required Printed Name: SoleDA O LOCIO	D102477

IDAHO SECRETARY OF STATE

08/07/2006 05:00

CK: 1238 CT: 203158 BH: 968746
1 8 25.00 = 25.00 ASSUM NAME # 2