



Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2006 APR 19 AM 9: 29

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the undersigned use(s) in the transaction of business is: Output O	
2. The true name(s) and business address(es) of the e business under the assumed business name: Name Christina Morre This	complete Address
3. The general type of business transacted under the a	assumed business name is:
Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Christia Moore DIGE, ID 63702	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson 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): (208) 809 - 2444
Signature: (aignoture reported) Printed Name: (AVE) MA MOVE legs:	Secretary of State use only

IDAHO SECRETARY OF STATE

24/19/2006 05:00

CK: 1001 CT: 199367 BH: 950005

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