

CERTIFICATE OF ASSUMED BUSINESS NAME

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.

The true name(s) and business address business under the assumed business n	
Name	Complete Address
ChYDE SHOODMAN	775 GARFIELD BAYRO.
I RVINA TOLBERT	715 GARFIELD BAYRD. SACLE
3. The general type of business transacted	under the assumed business name is:
Retail Trade Transportat	tion and Public Utilities
Wholesale Trade Construction	
Services Agriculture	
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Esta	Name and COT CO (
L. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
and a constant of a constant o	Basement West
775 GARFIELD BAY RO	PO Box 83720
SAGLE, I.D. 83860	Boise ID 83720-0080 - 208 334-2301
5. Name and address for this acknowledge	ment Phone number (optional):
copy is (if other than # 4 above):	
ChUDE SHOODMAN	
1591 GARFIELD BON PO	Secretary of State use only
ChyDE SHOOPMAN 1591 GARFIELD BAY RD	Secretary of State us

g:\corp\forms\abn forms\at Revised04/2003

Printed Name: ChyDE Stoopman

(see instruction # 8 on back of form)

Capacity/Title: OWNER

IDAHO SECRETARY OF STATE

91/95/2005 05:00

CK: 4458 CT: 158010 BH: 785436

1 8 25.00 = 25.00 ASSUM NAME # 2

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