

Capacity/Title: 0 unu

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

07 AUG 22 AM 8: 43
SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

MOUNTAIN VIEW	ARABIANIS
77700011110 01200	7.1.21.01.110.3
2. The true name(s) and business address(	
business under the assumed business na Name	
	Complete Address
On the one of the	P.O. BOX 7 ALBION, ID 83311 P.O. BOX 7 ALBION ID 833
URBORA GRASG	1.0. Box 7 HLB10N 11833
3. The general type of business transacted to	under the assumed business name is:
Retail Trade Transportation	ion and Public Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture	Submit Certificate of
☐ Manufacturing ☐ Mining	Assumed Business
Finance, Insurance, and Real Estat	te Name and <b>\$25.00</b> fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
MARK GRIGG	Basement West PO Box 83720
P.O. BOX 7	Boise ID 83720-0080
ALBION, ID 83311	208 334-2301
5. Name and address for this acknowledgm	ment Phone number (optional):
COPY IS (if other than # 4 above):	208-673-6756
	Secretary of State use only
gnature: Marky 9 (signature required)	Sg   Sg   Sg   Sg   Sg   Sg   Sg   Sg
rinted Name: MARK CRIGG	08/22/2007 05:00 CK: 475 CT: 158018 BH: 1971876