

## 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.

1. The assumed business name which the under business is:    Mean Gene's P	_
2. The true name(s) and <u>business</u> address(es) business under the assumed business name  Name  Susaa M O'Shea	of the entity or individual(s) doing e:  Complete Address  ROGE Early Mullan, Id 83846
3. The general type of business transacted und  Retail Trade Transportation  Wholesale Trade Construction  Services Agriculture  Manufacturing Mining	der the assumed business name is:  and Public Utilities  Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:	Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720
FO Box 411  Mullan Td 83846  5. Name and address for this acknowledgmer copy is (if other than # 4 above):	Boise ID 83720-0080 208 334-2301 Phone number (optional):
	Secretary of State use only
Signature: Susan MolShea  Printed Name: Susan MolShea  Capacity/Title: Ou Nev  (see instruction #8 on back of form)	IDAHO SECRETARY OF STATE  95/26/2004 05:00  CK: NO CK # CT: 158010 BH: 747221  1 0 25.00 = 25.00 ASSUM NAME # 2
	17/0739