

Printed Name: Thomas, A.

(see instruction # 8 on back of form)

Capacity/Title:__

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.

FILED EFFECTIVE

IDAHO SECRETARY OF STATE

07/22/2005 05:00

CK: 8366980129 CT: 158010 BH: 822720
1 0 25.00 = 25.00 ASSUM NAME # 2

The assumed business name which the undersign business is:	ed use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Thomas A, Bond 320 T, E, Electric 320	Complete Address 83301
3. The general type of business transacted under the Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: Thomas A. Bond 320 Teton 57 Twin Falls, Tel, 83301	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): 208-733-9258 208-308-9066 Secretary of State use only
Signature: Signature required) Signature required	IDAHO SECRETARY OF STATE