

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. 2007 FEB -9 AM 9: 08

SECRETARY OF STATE STATE OF IDAHO

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Paul Hill 2205 S Orbert De Name	
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3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State
correspondence should be addressed: Paul Hill	700 West Jefferson Basement West
3205 S Oxbow Dr	PO Box 83720 Boise ID 83720-0080
Nampa, Id 83686	208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-467-3516
	Secretary of State use only
nted Name:	E IDAHO SECRETARY OF STA
pacity/Title:Owner	02/09/2007 05
(see instruction # 8 on back of form)	CK: 1 CT: 158010 BH: 18 1 0 25.00 = 25.00 ASSUM

1 0 25.00 = 25.00 ASSUM NAME # 2

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