

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2005 FEB 14 AM 9: 17
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

| 2. The true name(s) and business address(business under the assumed business na | es) of the entity or individual(s) doing ame: |
|--|--|
| Name | Complete Address |
| Shawn Trieber | 1235 Ledor Ave |
| | Lewiston ID, 83501 |
| 3. The general type of business transacted | under the assumed business name is: |
| | ion and Public Utilities |
| Services Agriculture | |
| Manufacturing Mining | Assumed Business Name and \$25.00 fee to: |
| Finance, Insurance, and Real Esta | ite |
| 4. The name and address to which future | Secretary of State 700 West Jefferson |
| correspondence should be addressed: | Basement West |
| Shawn Trieber | PO Box 83720 Boise ID 83720-0080 |
| 1235 cedar Ave | 208 334-2301 |
| Lewiston ID, 83501 | |
| Name and address for this acknowledge | ment Phone number (optional): |
| copy is (if other than # 4 above). | 208 - 798 - 18 3 6 |
| | Secretary of State use only |
| - 1 | - ggd uqeyswoj uqeysw |
| ignature: | - Forms |
| rinted Name: Shawn Trieber | - Unamo SECRETARY OF STATE OPE / 14/2005 05:0 |
| apacity/Title: Owner | CK: 2798 CT: 158810 BH: 79 |

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