Signature.

Capacity/Title:__

Printed Name: MARY A

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2003 MAR 10 AM 9: 00

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.

STATE OF IDAHO

The true name(s) and business address(es) of the business under the assumed business name: Name	e entity or individual(s) doing Complete Address 2449 Mellick Road
The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
The name and address to which future correspondence should be addressed: 5. 2949 Mellink Road Fost Falls, T. J. 85854	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-773-2274

IDAHO SECRETARY OF STATE

03/10/2003 05:00

CK: NO CK # CT: 158010 BH: 667448
1 0 20.00 = 20.00 ASSUM NAME # 2

D 63282