

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2005 MAY 17 All 8: 22

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

STATE OF WAHU

The assumed business name which the undersigned business is:	d use(s) in the transaction of
2. The true name(s) and business address(es) of the e business under the assumed business name: Name Geoff 2080 W	ntity or individual(s) doing Complete Address Snyder Dr. Meridian, ID-83642
3. The general type of business transacted under the a Retail Trade Transportation and Pub Wholesale Trade Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: 2080 W. Snyder Dr. Mendian, ID-83642	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): 761-6447
	Secretary of State use only
Signature: Left Lee Signature required) Printed Name: Geoff Lee Capacity/Title: Owner Operator	IBANO SECRETARY OF STATE 65/17/2005 65:00 CK: 2881 CT: 158018 BH: 818862 1 9 25.00 = 25.00 ASSUM NAME # 2

D 87881