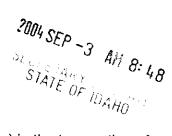
## FILED EFFECTIVE



## 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.

The assumed business name which the undersign business is:  Blue Lakes Rauna	ned use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  273-	e entity or individual(s) doing  Complete Address  3 S. Dine Flats Meridian Id. 83642
3. The general type of business transacted under the Retail Trade	
Signature: Signature required (signature required)  Printed Name: Kelly Neumerster  Capacity/Title: Manager  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  9/03/2004 65:00  CK: 8679 CT: 158010 BH: 764459 1 9: 25.00 # 25.00 ASSUM MANE # 2