

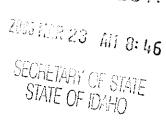
CERTIFICATE OF ASSUMED BUSINESS NAME

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.

(see instruction # 8 on back of form)



The assumed business name which the urbusiness is: The Peter P	ndersigned use(s) in the transaction of
2. The true name(s) and business address(estates business under the assumed business name Name Chanara Carr	
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction	n and Public Utilities
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: Chandra Carr Left Crestriew Dr Twinfalls, 11) \$3301	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (If other than # 4 above):	Phone number (optional): 308-393-5164
TWINTAILS, 110 83301	Secretary of State use only
Printed Name: <u>Manager Carr</u>	IDAHO SECRETARY OF STATE 93/23/2006 95:00
Capacity/Title: 0W/U/	1 0 25.00 = 15.00 ASSUM NAME # 2