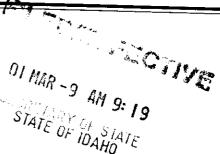


CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

(see instruction #8 on back of form)



NOTE: See instructions on reverse before filing	STATE OF IDAHO
1. The assumed business name which the undersign business is: SHADES of	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 Laree Jones Connie Over Field Cas	entity or individual(s) doing Complete Address Middle Fork Rd den Valley TD 83622
3. The general type of business transacted under the Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: 75 SKYRidge Dr. Garden Valley TD 83632	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):
Signature: <u>Auricel</u> Printed Name: <u>Connie Overfield</u> Capacity: <u>Partner</u>	104H0 SECRETARY OF STATE 03/09/2001 09:00 CK: 2091 CT: 109817 BH: 383673 1 0 20.00 = 20.00 ASSUM NAME # 2
Printed Name: Connie Overfield Capacity: Partner	
Capacity: Yartner	D43388