

## CERTIFICATE OF

ASSUMED BUSINESS NAME
Pursuant to Section 53-504, Idaho Code, the undersigned 7002 JUL 12 AM 8: 48 submits for filing a certificate of Assumed Business Name.

Please type or print legible  NOTE: See instructions on reverse in the second s	before file - CARLE - STATE
	Complete Address 1040 Burnt Edge Road Troy Idaho 83871
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Lori Ann Smith  1040 Burnt Ridge 2000  Troy Lolah 6 8387)  5. Name and address for this acknowledgment copy is (if other than #4 above):	And Public Utilities  Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):  (208) 835-5474
d Name: Lori and Smith  city: President  (see instruction # 8 on back of form)	Secretary of State use only  IDAHO SECRETARY OF STATE  O7/12/2002 05:00  CK: 3919 CT: 158619 RM: 476434

Signature:\_ Printed Name: Lori an Capacity:

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE 07/12/2002 05:00 CK: 3918 CT: 158818 BH: 476836 8 20.88 = 20.88 ASSUM MANE # 2 56467