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CERTIFICATE OF ASSUMED BUSINESS NAME

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

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Please type or print legibly. NOTE: See instructions on reverse before filing.

The true name(s) and business address(es business under the assumed business nam Name	e) of the entity or individual(s) doing ne: Complete Address
Robert Blowt	34 Cooper Dr. Centerville ID 83631
3. The general type of business transacted unity of 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: Robert Blaut 34 Cooper Dr. Centerville Id. 83631	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgmen copy is (if other than # 4 above). 	Phone number (optional):

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