

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

2003 NOV 21 AM 9: 09

A TAR COMMENT

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

The assumed business name which the urbusiness is:  Class  1st  1st  1st  1st  1st  1st  1st	
The true name(s) and business address(extended business under the assumed business name     Name     Melinda Liercke	s) of the entity or individual(s) doing me: Complete Address P.O. Box 234, Mountain Home, ID 83647
3. The general type of business transacted up 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:  Melinda Liercke P.O. Box 234  Mountain Home, ID 83647	n and Public Utilities  Submit Certificate of Assumed Business
5. Name and address for this acknowledgme copy is (if other than # 4 above).	Phone number (optional):  Secretary of State use only
gnature:(signature required) rinted Name:Melinda Liercke apacity/Title:Owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  11/21/2003 05:201  CK: 4525 CT: 158010 BH: 71290