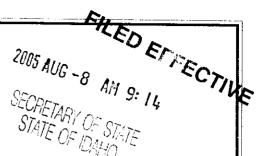


CERTIFICATE OF ASSUMED BUSINESS NAME

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	STATE OF STATE filing.
1. The assumed business name which the under business is:	rsigned use(s) in the transaction of
2. The true name(s) and business address(es) of business under the assumed business name: Name Sanda L Kukn	Complete Address 277C. Hwy 50 Hansen Id 83334
3. The general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Boise ID 83720-0080 208 334-2301 Phone number (optional): (208-180-1462) bus 258-423-5546 Secretary of State use only
Signature: (signature required) Printed Name: Tim Kukn Capacity/Title: DWNer (see instruction # 8 on back of form)	IBANO SECRETARY OF STATE 8002 PD 905 95 200 CK: 61262968694 CT: 138712 BH: 965627 1 25.00 = 25.00 ASSUM NAME # 2

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