

CERTIFICATE OF ASSUMED BUSINESS NAME

CERTIFICATE OF ASSUMED BUSINESS NA Pursuant to Section 53-504, Idaho Code, the und submits for filing a certificate of Assumed Busine Please type or print legibly. NOTE: See instructions on reverse before filing	dersigned STATE OF 9:50
1. The assumed business name which the undersign business is:	
2. The true name(s) and business address(es) of the business under the assumed business name: Name ARY HAWE 393 KEIVER HAWE	ne entity or individual(s) doing Complete Address 9 E. NENAU - LORENZO HMY. RICKY ID 83442 SAME
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: CARY HAWKE 3939 E. MENAN-LORENZO HWY RIGBY ID 83442	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):
	Secretary of State use only
Signature: Capacity/Title: DWNER Signature required) Signature: Capacity/Title: DWNER Signature required)	D80190
Capacity/Title: DWNER	IDAHO SECRETARY OF STATE 99/20/2004 05:00
	1 8 25 88 - UT: 158010 BH: 766874

Capacity/Title:_ (see instruction # 8 on back of form) IDAHO SECRETARY OF STATE

99/20/2004 05:00

CK: 81682183 CT: 158010 BH: 766074

1 0 25.00 = 25.00 ASSUM NAME # 2