

## CERTIFICATE OF ASSUMED BUSINESS NAME

TOMAY -3 AM 8: 47

D138936

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

A ONE HOME IM	PROVE	MENTS	
. The true name(s) and business address(es) of business under the assumed business name  Name  SHANE OLSEN	:	ntity or individual(s) doing  Complete Address  LOMAX - IDAHO FALLS ID 83401	
)		:	19 (19 ) (19
. The general type of business transacted und	er the a	ssumed business name is:	## J
<ul> <li>□ Retail Trade</li> <li>□ Wholesale Trade</li> <li>□ Construction</li> <li>□ Services</li> <li>□ Agriculture</li> <li>□ Manufacturing</li> <li>□ Mining</li> <li>□ Finance, Insurance, and Real Estate</li> </ul>			
. The name and address to which future correspondence should be addressed:  SAME		Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301	
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above):</li> <li>SAME</li> </ol>	t		
		Secretary of State use only	
ature: (signature required) ted Name: SHANE OLSEN	Chorpitomslabs tomslabs.p65 Feviesd 04/2003		
led Name: SHANE OLSEN	Parks Sevies	BAHO SECRETARY OF	F STATE