CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 JAN 31 PM 4: 05

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECTION OF STATE

2. The true name(s) and business address(es) business under the assumed business name Name Test Freitag) of the entity or individual(s) doing le: Complete Address Po Box 182: New Meadows, Id.8365
Wholesale Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State use only
Printed Name: Seff Frei Fac Capacity/Title: ON Nev (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 01/31/2008 05=0 CK: 1444177 CT: 172099 BH: 184