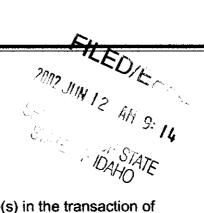


CERTIFICATE OF ASSUMED BUSINESS NAME

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 filing.



BOSServi	ces
The true name(s) and <u>business</u> address(es) of to business under the assumed business name:	the entity or individual(s) doing <u>Complete Address</u> PO Box 734; Challis ID 83226
3. The general type of business transacted under Retail Trade Transportation an Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: LaVon Rhodes PO Box 734 Otratio ID 00220	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State use only
ignature: <u>Ja Van Phodo</u> (signature required) rinted Name: LaVon Rhodes sapacity/Title: Owner	IDAHO SECRETARY OF STAT
(see instruction # 8 on back of form)	1990 SECKETARY OF STAT 96/12/2002 05: CK: 3588 CT: 158810 BH: 4 1 8 28.88 = 28.88 ASSUM H