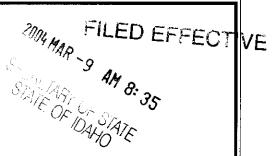


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



	1/20 °C
The assumed business name which the undersigned business is:	d use(s) in the transaction of
BB Keys	
2. The true name(s) and business address(es) of the elements business under the assumed business name: Name David Orton (Mail n	Complete Address 4 Address Only) 88 Keys
<u>491</u>	Sagebrush Falls Id. 83301
	Fall 5 14 : 03 701
3. The general type of business transacted under the a	assumed business name is:
Retail Trade Transportation and Pull Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: 88 Keys (Mailing Address only) 491 Sagebrush Twin Falls Td. 83301	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): 8 8 key 5 (Ma'ling Address only)	Phone number (optional):
491 Sagebrush	Secretary of State use only
Signature:	D7399U
Printed Name: David Octon	IDAHO SECRETARY OF STATE
Capacity/Title: ชพละr	03/09/2004 05:00 CK: 1477 CT: 158010 BH: 731738 1 0 25:00 = 25:00 ASSUM NAME # 2
(see instruction # 8 on back of form)	- COLOG - COLOG HOOUN NHIC # C