CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned 2005 AUG 31 AM 9: 12 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Printed Name: Nicholas T. Bokides

Capacity/Title: Attorny for ALD, Incorporated
(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF IDAILS

Unique Furniture And M	ore
The true name(s) and business address(establishess under the assumed business name Name ALD, Incorporated CIGO382	s) of the entity or individual(s) doing ne: Complete Address PO Box 389, New Plymouth, ID 8365
The general type of business transacted u	nder the assumed business name is: n and Public Utilities Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Nicholas T. Bokides PO Box 28 Weiser, ID 83672	Name and COE CO 6.
5. Name and address for this acknowledgme copy is (if other than # 4 above):	Phone number (optional): 208-414-0611
	Secretary of State use only

IDANO SECRETARY OF STATE

98/31/2005 05:00

CK: 17358 CT: 24374 BH: 989165

1 8 25.00 = 25.00 ASSUM NAME # 2