(see instruction # 8 on back of form)



CERTIFICATE OF ASSUMED BUSINESS NAME

08 MAY -7 AM 8:51

FILED EFFECTIVE

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.

The true name(s) and business address business under the assumed business name Name KURT RODRIEUES	ame: Complete Address
Wholesale Trade M Constructio	ion and Public Utilities on
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Assumed Business
4. The name and address to which future correspondence should be addressed: KURT RODRIEUES	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
517N 450W TETONIA ID. 83451	(208) 334-2301
 Name and address for this acknowledge copy is (if other than # 4 above). 	nent
	Secretary of State use only
gnature: Must Robert Sonature required Sonature Sonature Robert Sonature So	Revised 04/2003

IBAHO SECRETARY OF STATE **05/07/2008 05:00**CK: 1170 CT: 158010 BH: 1113810 1 0 25.00 = 25.00 ASSUM NAME # 2

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