Signature:

Printed Name: Jame

Capacity/Title: <u>AWN C</u>

(see instruction #8 on back of form)

208-476-363FILED EFFECTIVE

CERTIFICATE OF

ASSUMED BUSINESS NAME

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

2007 HAR 16 AM 9: 12

SECRETARY OF STATE STATE OF 12440

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The true name(s) and business address(es) of the business under the assumed business name:  Name	e entity or individual(s) doing  Complete Address
Jim : Teresa Meads 703	S. Mein
p'	ierce Idaho
	83546
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:  The Teres A Meads	Secretary of State 700 West Jefferson Basement West PO Box 83720
CITY I WIENN I ROUS	Boise ID 83720-0080 208 334-2301
112 Lolo Creek Boad	Phone number (optional);

IDAHO SECRETARY OF STATE

13/16/2007 05:00

CK: 1481 CT: 158818 BH: 1048377

25.00 = 25.00 ASSUM NAME # 2

D109882