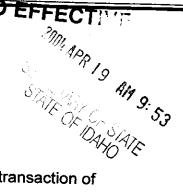


CERTIFICATE OF ASSUMED BUSINESS NAME

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	ng.
1. The assumed business name which the undersig business is:	ned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Name Lennifer Tongram Twice	e entity or individual(s) doing <u>Complete Address</u> A Monde Vista
Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture	e assumed business name is:
Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: On the Side Design 634 Monte Vista	Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
Twin Falls Id 833cl Name and address for this acknowledgment copy is (if other than # 4 above):	208 334-2301 Phone number (optional): 206 731-6331
ature At Colonia	Secretary of State use only

Printed Name: naram Capacity/Title:

(see instruction # 8 on back of form)

groop/forms/abn forms/ Revised 04/2003

IDAHO SECRETARY OF STATE 04/19/2004 05:00 CK: 2772 CT: 158810 BH: 749839 1 @ 25.00 = 25.00 ASSUM NAME # 2