

CERTIFICATE OF

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

2006 FEB -3 Ail 8: 35

2 C	STATE OF (2.345)
The true name(s) and business address(es business under the assumed business name	
Name	Complete Address
Nicole Christiansen	3565 E 3000 N Kimberly, ID 83341
Carol Anderson	1166 W 350 S Logan, UT 84321
Wholesale Trade Construction Services Agriculture Manufacturing Mining	and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Nicole Christiansen	Secretary of State 700 West Jefferson Basement West PO Box 83720
3565 E 3000 N	Boise ID 83720-0080 208 334-2301
Kimberly ID 83341	
 Name and address for this acknowledgme copy is (if other than # 4 above); 	ent Phone number (optional):
	Secretary of State use only
nted Name: Nicole Christiansen pacity/Title: Co-Owner	1DAHO SECRETARY OF STATE

1 0 25.00 = 25.00 ASSUM MAME # 2