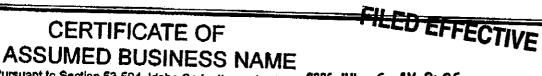
(see instruction # 8 on back of form)



Pursuant to Section 53-504, Idaho Code, the undersigned 2006 JUL - 6 AM 8: 06 submits for filing a certificate of Assumed Business Name.

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

SECRETARY OF STATE STATE OF IDAHO

2 The true name(a) and husing a distribution	
2. The true name(s) and business address(e business under the assumed business name Name Annie Weisman	s) of the entity or Individual(s) doing me: Complete Address 179 N. Main St., Victor, ID 8345
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Annie Weisman Po Box 1023 Victor, ID 83455	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (#other than #4 ebove): Annie WeiSman	nt Phone number (optional):
TO BOX 1023 Victor, ID 83455 gnature: Quine Welson (Dignerure required) Inted Name: Annie Weisman	Secretary of State use only Spingers and appearance of State use only Spingers and appearance of State use only

IDAHO SECRETARY OF STATE @7/06/2006 05:00 CK: 849637 CT: 172099 BH: 963588 1 8 25.88 = 25.88 ASSUM MANE # 2

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