

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

-- SEP 30 Ani0: 09

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

SECRETATE OF STATE STATE OF IDAHO

THE NAILS PLA THE NAILS PLA	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name CUOTIG DIEP Q 52 ME	entity or individual(s) doing Complete Address O S MERIDIAN RO RIDIAN , ID 83642
3. The general type of business transacted under the Retail Trade Transportation and Putholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: 636 W. RICHMOND LN BOISE , ID 83704	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE 99/30/2004 05 = 00 CK: 93810098488KAH CT: 172099 BH: 76877 1 8 25.00 = 25.00 ASSUM NAME # 2

(see instruction # 8 on back of form)

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