

Capacity/Title: PORTNER

(see instruction # 8 on back of form)

## CERTIFICATE OF FILED EFFECTIVE **ASSUMED BUSINESS NAME**

Pursuant to Section 53-504, Idaho Code, the undersigned 2083 FEB -6 FII 1: 30 submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing	9• STATE OF BORD
1. The assumed business name which the undersign business is:  THE ONE STOP	
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  SiAs Counts  Potricia Monter  Po	Complete Address PO. Box 23 GRAnger, No. FD. 8
3. The general type of business transacted under the Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State
Patricia Monter PO Box 23 GRANGEVILL ID 83530	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: Silas Counts  Printed Name: Silas Counts	IDAHO SECRETARY OF STATE  2/06/2006 05:00  CK: 5152 CT: 196690 BH: 936226  1 0 25.00 = 25.00 ASSUM NAME # 2