

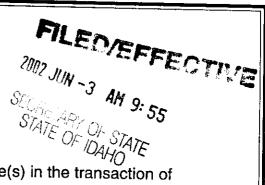
Capacity: Owner

(see instruction # 8 on back of form)

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.



1. The assumed business name which the undersign business is: Humminabira Cottoge	ned use(s) in the transaction of
The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name	entity or individual(s) doing Complete Address O3 N Yellowstone eatello, ID 83202
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: Leona F. Long 12503 N Vellowstone Pocatella, TD83203	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):
Signature: Leona F. Long Printed Name: Leona F. Long	Secretary of State use only IDANO SECRETARY OF STATE 96/93/2002 05:98

IDAHO SECRETARY OF STATE 06/03/2002 05:00 CK: 343 CT: 158010 BH: 469227 1 0 20.00 = 20.00 ASSUM NAME # 2