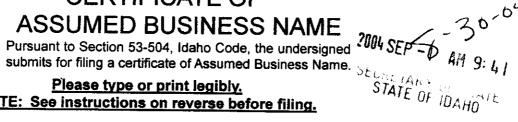


CERTIFICATE OF



NOTE: See instructions on reverse before filing.

1. The assumed business name which the und business is: ———————————————————————————————————	
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name Pam + lathaway 3. The general type of business transacted under the assumed business address(es) and business address and business address address and business address and business address	Complete Address 355 Annis Hwy Rigby, td
	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Pam Hathaway Pio. Boy 263 Rigby, Ida ho 8344)	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): (えの8) 745-6864
	Secretary of State use only
Signature fam Salkaway Printed Name: Pam Hathaway Capacity/Title: Owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 99/01/2004 05:00 CK: 7228 CT: 158818 BH: 763975 1 8 25.88 = 25.88 ASSUM HAME # 2