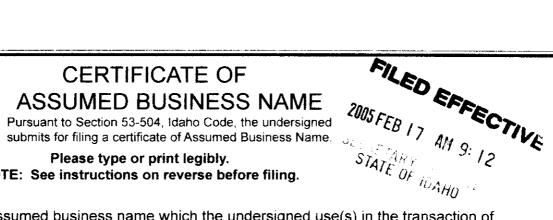


NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)



The true name(s) and business address(estable) business under the assumed business name	
prosiness under the assumed prosiness han	• • • • • • • • • • • • • • • • • • • •
Name	Complete Address
Tricia J. Daigle	521 N. 10th Ave. Suite 177
Patricia G. Daigle	Caldwell, Idaho 83605
The general type of business transacted until X Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business
521 N. 10th Ave. Suite 177 Caldwell, ID 83605	PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgme copy is (if other than # 4 above). 	ent Phone number (optional):
	Secretary of State use only
nature (signalure reduired)	Persect 342003
nted Name: Tricia J. Daigle	Perised 342000
pacity/Title: Partner	Pevis

IDANO SECRETARY OF STATE 92/17/2005 05:00
CK: 38936 CT: 158810 BH: 793911
10 25.00 = 25.00 ASSUM MANE # 2