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CERTIFICATE O ASSUMED BUSINES Pursuant to Section 53-504, Idaho Code submits for filing a certificate of Assumed Please type or print legibly.	S NAME Business Entities				
NOTE: See instructions on reverse bef	ore filing.				
1. The assumed business name which the u business is: 					
 The true name(s) and <u>business</u> address(e business under the assumed business national <u>Name</u> 	ame: Complete Address				
 Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: <u>JAMES 6. HOUSEP</u> <u>9317 5. FREEMAN DR</u>, <u>MEDICA - LAKE, WA. 9907</u> 	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West 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): (509) 230 - 5010				
Signature: James 6. Homen (signature: James 6. Homen (signature required) Printed Name: JAMES 6. HouseR Capacity/Title: OWDER (see instruction # 8 on back of form)	Secretary of State use only IDANO SECRETARY OF STATE 10/17/2007 05:00 CK: 9335 CT: 158010 BH: 1880916 18 25.00 = 25.00 ASSUM NAME # 2 OIIVOIO				

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