S

(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.

Secretar FileD HEFFCTIVE **Business Entities** www.idsos.state.id.us/

2004 NOV 15 81. 8: 1.2

STATE OF TOAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

| 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 Susan (Sasha) Metz | of the entity or individual(s) doing e: Complete Address P. D. BOX 3329 Hayden, Id 83835 |
| 3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate | ler the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: |
| 4. The name and address to which future correspondence should be addressed: Sasha Met Z P. O. Box 3329 Hayden, Id 83835 | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| Name and address for this acknowledgmen copy is (if other than # 4 above). | t Phone number (optional): 208-704-1999 |
| | Secretary of State use only |
| Signature: Susan Metrosignature: (Susan Metrosignature require) Printed Name: Susan Metz Capacity/Title: OWNER | IDAHO SECRETARY OF STATE 11/15/2004 05:00 CK: 1429 CT: 158010 BH: 776477 1 8 25.00 = 25.00 ASSUM NAME # 2 |