

Printed Name: BRADD

Capacity/Title: OWNER

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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: 2006 OCT 12 AM 9: 42

CENDETARY OF OT

The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name READ A COMMON TO THE PROPERTY OF THE PROPE	entity or individual(s) doing
909 Post Circle # 1	Complete Address
The general type of business transacted under the a	
Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
The name and address to which future correspondence should be addressed: BRADD K. Steven Son 909 PostCircle # 1 Kimberly, Idaho 8334	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 203-964-758¢

IDAHO SECRETARY OF STATE 10/12/2006 05 = 00 CK: 93 CT: 158818 BH: 979785 0 25.00 = 25.08 ASSUM NAME # 2

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