

Capacity/Title: Drux

(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.

OL APR 19 PM 1:33 SECRETARY OF STATE STATE OF IDAHO

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Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersig business is:	ned use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name: Name Michael A Sella 229	e entity or individual(s) doing Complete Address 33 Wright Aul. Sc. B Lh Falls, IN 83301
3. The general type of business transacted under th	e assumed business name is:
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: PO BOX USU Kumarus TD 8330	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 200-135-1222 - Two falls 200-200-0626 - Maridian Secretary of State use only
Signature: Signature required Printed Name: Wullywork A. Skills	
Printed Name: Wultivial H. Sella	TRAIN SECRETARY OF STATE

IDAHO SECRETARY OF STATE 44/19/2004 05:00 CK: 5166 CT: 158010 BH: 740110 1 0 25.00 assum make # 2

