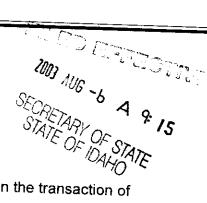


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



Lake City Bo	ookkeeping Service
The true name(s) and business address(e business under the assumed business na Name Jennifer Megan Tarr Jennifer Megan Tarr	es) of the entity or individual(s) doing me: Complete Address 3902 Buckskin Rd. Coeur d'Alene, ID 83815
3. The general type of business transacted use Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Lake City Bookkeeping Service 3902 Buckskin Rd. Coeur d'Alene, ID 83815	Submit Certificate of
 Name and address for this acknowledgme copy is (if other than # 4 above). 	nt Phone number (optional): 208-664-6716
	Secretary of State use only
inted Name: Jennifer Megan Tarr	Securitors (COOZPO) SECRETARY OF STATE
(see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 98/96/2003 05:0

CK: 1617 CT: 158818 BH: 694858 1 8 25.00 = 25.00 ASSUM NAME # 2

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