## FILED EFFECTIVE

CERTIFIC ASSUMED BU Pursuant to Section 53-504,	SINESS NAMI	ned	15
submits for filing a certificate  Please type or pri  NOTE: See instructions on	nt legibly.	m <b>e.</b>	
1. The assumed business name vibusiness is:			
2. The true name(s) and business business under the assumed bounded by Name  Mank Cap ford		Complete Address  33249 HOWE RD. DWELL ZDAHO  83427	
Wholesale Trade C	ransportation and Publiconstruction agriculture		
4. The name and address to which correspondence should be add	h future Iressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
5. Name and address for this accopy is (if other than # 4 above):	knowledgment $\mathcal{Q}\mathcal{D}$	Phone number (optional):  8 454-0390  8 989-8922	:
Signature: A Capacity/Title: OWNSR	Scopelar formation personal residence of the second personal residence of the second personal	Secretary of State use only  IBAHO SECRETARY RE	CTATI

(see instruction # 8 on back of form)

12/22/2006 05:00 CK: 5155 CT: 158010 BH: 1021400 1 0 25.00 = 25.00 ASSUM NAME # 2