

CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

2004 DEC 16 AM 9: 33

FILED ETT CTIVE

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

 The assumed business name which the business is: 	e undersigned use(s) in the transaction of
ABIHTY	
2. The true name(s) and <u>business</u> addres business under the assumed business Name Posin Tomasi Sunny Mius	ss(es) of the entity or individual(s) doing name: Complete Address PO 179 Hailing D \$ 33333 1504 FOCT St BOISE/D \$ 3782
Wholesale Trade Construct Services Agricultur	ation and Public Utilities ion
☐ Manufacturing☐ Mining☐ Finance, Insurance, and Real Est	Assumed Business
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledge copy is (if other than #4 above): 	gment Phone number (optional):
aircre	
	Secretary of State use only
Signature:	
Printed Name: ROBIN TOMASI	IDAHO SECRETARY OF STATE 12/16/2004 05:00 CK: 4456 CT: 158810 BH: 781911 1 0 25.00 = 25.00 assim hans
Capacity/Title: CWAL.	IDAHO SECRETARY OF STATE 12/16/2004 05 = 00 CK: 4456 CT: 158810 BH: 761911 25.00 = 25.00 ASSUM NAME # 2