

Capacity/Title: OWNER

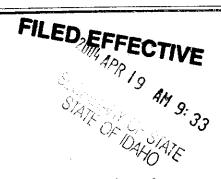
(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.



| 2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: | |
|---|--|
| <u>Name</u> | Complete Address |
| JOE HOKEL 220 | MOL FRANCH 73801 |
| <u> </u> | MOL APAHO 1380 |
| The general type of business transacted under the | assumed husiness name is: |
| Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Hokel Garnenst Gifts 29899 No May 95 | Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| 5. Name and address for this acknowledgment copy is (if other than # 4 above): | Phone number (optional): 208 683-3242 |
| SAME | 200600521- |
| | Secretary of State use only |
| ignature: (signature required) rinted Name: Jot Hokel | Idaho secretary of stati |
| rinted Name: Jot Hakel | 04/19/2004 05: CK: 725 CT: 158816 BH: 7 1 8 25.88 = 25.88 ASSUM N |