

Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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.

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1. The assumed business name which the und business is:	
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name Matthen K. Kirkland	
3. The general type of business transacted und	
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: Mathew Kirkland B201 Straw berry Glenn Rd #10 Garden City IO 83714	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
 Name and address for this acknowledgme copy is (if other than # 4 above): 	Phone number (optional): 208-87/-7747
	Secretary of State use only
Signature: At Italian (signature required) Printed Name: Matth ew Kirkland	Sod tops to the secretary of state 10/06/2004 05:00 CK: 1569 CT: 158010 BH: 769878