CERTIFICATE OF ASSUMED BUSINESS NAME

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

NOTE: See instructions on reverse before filing.	FFE M 9: <u>1</u>
The assumed business name which the undersigne business is: Back to Basic living	ed use(s) in the transaction of
2. The true name(s) and business address(es) of the elements business under the assumed business name: Name RHonda HAmett 150	entity or individual(s) doing Complete Address Alantic Twin Glb Td 83301
3. The general type of business transacted under the Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: BHONDA HAMELL 3656 N. 2500 E. 1WIN Fells TX 83501	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 - 736 - 1856
Du p65	Secretary of State use only

Signature: _____ Printed Name: RHonda Capacity/Title: Owner (see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

04/27/2005 05:00

CK: 32007463 CT: 158010 BH: 807014
1 0 25.00 = 25.00 ASSUM NAME # 2