CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

FILED EFFE To the SECRETARY OF STATE, STATE OF IDAHO

	, Idaho Codë, the undersigned an Assumed Business Name. / 8
business is:	ne undersigned use(s) in the transaction of
SANDBOX EXCAUATI	ON
business under the assumed business	
Name _ Chris A	Complete Address 12292 N HILINE, POLHTELLO Id 83202 Pt 2 N. Box 1676 Polyterio Id 83202
Harold Auderson	RT 2 N. Box 167C Pocomerco, Id 83202
 The general type of business transacte (mark only those that apply) 	ed under the assumed business name is:
Retail Trade Manufact Wholesale Trade Agricultur Services Construct	re Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed: SampBox Excapation C/o	•
RT Z N Box 1670	Submit Certificate of Assumed Business Name and \$20.00 fee to:
POLATELLO, Id 83202	Secretary of State 700 West Jefferson
 Name and address for this acknowledged copy is (if other than # 4 above). 	
Stree	Boise ID 83720-0080 208 334-2301
	Secretary of State use only
	Revision 12/99
inted Name: Harold Anderson	- TRAIN SEPRETARY OF STATE
inted Name: Harold Anderson	

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Capacity:__

OWNER (see instruction # 8 on back of form) CK: 105 CT: 158010 BH: 483797 1 0 20.00 = 20.00 ASSUM NAME # 2

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