CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Ida gives notice of adoption of an A	tho Code, the undersigned ///
 The assumed business name which the ur business is: 	ndersigned use(s) in the transaction of
NIEHOFF HOME	Services "
 The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: 	
<u>DENNIS NichoFF</u>	Complete Address 4482 W. Vaquero
Gerarda NiehoFF	
	MERIDIAN Id 83642
The general type of business transacted under the assumed business name is: (mark only those that apply)	
Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate Mining
 The name and address to which future P correspondence should be addressed: 	208 hone number (optional): 895-0795
SAME as	Submit Certificate of
abore	Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: Geranda Niehold	IDANO SECRETARY OF STATE 11/12/1999 09:00 CK: CASH CT: 117791 BH: 265599
Printed Name: Ger Arda NiehoFF	1 8 20.00 = 20.00 ASSUM NAME # 2
Capacity:	orpvorms/abn p65
(see instruction # 8 on back of form)	Nucleo

D 30734