Capacity:_

(see instruction # 8 on back of form)

CERTIFICATE OF AS (Please type or print leg	SSUMED BUSINESS/EPPECTIVE (ibly. See instructions on reverse.)
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned 17 AMII: 07 gives notice of adoption of an Assumed Business Nation ETARY OF STATE 1. The assumed business name which the undersigned use(s) in the transaction of a	
 The assumed business name which business is: On The Mante 	The same same same same same same same sam
The true name(s) and business addr business under the assumed busines	ress(es) of the entity or individual(s) doing ss name is/are:
TANYA KENLEY	Complete Address 2417 E. Brigantine Ct.
	Eagle, Id. 83616
The general type of business transactions (mark only those that apply)	cted under the assumed business name is:
Retail Trade	ture Finance, Insurance, and Real Estate
 The name and address to which future correspondence should be addressed 	(-F
Eaus as Apont	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowled 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 IDAHO SECRETARY OF STATE
Signature:	02/17/2000 09:00 CK: 1 CT: 126896 Bh: 291208
Printed Name: TANYA KENLEY	1 ଖି ଥିଖି.ଥିଭି = ଥିଖି.ଥିଭି ନିର୍ଦ୍ୟ ଲନ୍ମର # 2

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