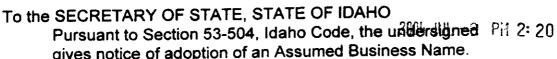
## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)





	gives notice of adoption of an Assumed	, , <del>, , , , , , , , , , , , , , , , , </del>
1.	The assumed business name which the ur business is:	ndersigned use(s) in the transaction of
	" lasters Laws Care	
里2.	The true name(s) and business address(es business under the assumed business nar	es) of the entity or individual(s) doing me is/are:
EFFECTIVE	Name	Complete Address
ĬĮ.	A Baba Winfield	14898 Masters Drive, Caldoen, Id. 83607
3.	The general type of business transacted u (mark only those that apply)	
	☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	Finance, Insurance, and Real Estate
4.	The name and address to which future correspondence should be addressed:	Phone number (optional):
	5Ame as #2	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	Secretary of State 700 West Jefferson
**		Secretary of State use only
		Mon 2/97

Signature: \_\_\_\_\_

Printed Name

Capacity: Oniver

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

08/06/2004 05:00

CK: 3116 CT: 158810 BH: 759413

1 0 25.00 = 25.00 ASSUM NAME # 2

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