CERTIFICATE OF ASSUMED (Please type or print legibly. See inst	ructions on reverse.)
	ned Business Name CRETARY OF STATE
<ol> <li>The assumed business name which the business is:</li> </ol>	
RJG PERFORMANCE E	NHANCEMENT GROWP
The true name(s) and business address business under the assumed business:	name is/are:
RAYMONO J. GADO	Complete Address Z435 ROANOKE DR.
	BOISE, ID
	837/2
The general type of business transacter (mark only those that apply)	d under the assumed business name is:
☐ Retail Trade ☐ Manufacti ☐ Wholesale Trade ☐ Agricultur ☑ Services ☐ Construct	re
<ol> <li>The name and address to which future correspondence should be addressed:</li> </ol>	
2435 ROANOKE DR. BOISE, ID 837/2	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledge copy is (if other than # 4 above):	Secretary of State 700 West Jefferson
	208 334-2301
	Secretary of State use only  1DAHO SECRETARY OF STATE
	- 8 09/30/1997 09:00 CK: 1995 CT: 67917 3H: 43891
Signature: / Mund / Sull	1 0 28.00 = 29.00 ASSUM NAME
Printed Name: RAY 40NO J. GAOD	- \bigsigma \big
Capacity: PRESIDENT (see instruction # 8 on back of form)	- 853