

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

FILED/EFFECTIVE 2002 DEC -9 AM 9: 54 STATE OF STATE

	Please type or print legibly.  NOTE: See instructions on reverse before t	filing.	STATE OF IDAHO	
	The assumed business name which the under business is:  EXCALIBUR			-
2.	The true name(s) and business address(es) of business under the assumed business name Name  CHRISTORIER EMMER	(	Cubliere Variages	- -
	Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  CHRISTOPHER EMMER Do Box 1314  5AND POINT ID B3864  Name and address for this acknowledgr copy is (if other than # 4 above):	and Public	Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):	
	Signature: (signature required)  Printed Name: CHRISTOPHER EMME!  Capacity/Title: OWNER  (see instruction # 8 on back of form)	g.\corp\forms\abn.p65	IDAHO SECRETARY OF	F STATE  95:99 BH: 650182 ASSUM NAME # 2