CERTIFICATE OF ASSUMED (Please type or print let	
To the SECRETARY OF STATE, STATE Of Pursuant to Section 53-504, Idaho Cogives notice of adoption of an Assum	ode, the undersigned led Business Name
1. The assumed business name which the business is:	· !
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
<u>Name</u>	Complete Address
Pharie Jayo	3867 Squan Valley Fd. Priest River 3d 83856
3. The general type of business transacted under the assumed business name is: (mark only those that apply)	
Retail Trade Manufactu Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed: 3867 Square Call	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Priest Kwer 208	Resement West
5. Name and address for this acknowledge copy is (# other than # 4 above):	PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: Marie Jayo	IDANG SECRETARY OF STATE
Printed Name: ARIE AYO	Ø3/26/1999 Ø9:00 CK: NO CK N CT: 113148 BH: 208937
(see instruction # 8 on back of form)	1 0 20.00 = 20.00 ASSUM NAME # 2
	-: D24437