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

	(Please type or print legibly. S	ee instructions on reverse.)
	To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idah	o Code, the undersigned
	gives notice of adoption of an As	sumed Business Name. A30
<ol> <li>The assumed business name which the undersigned use(s) in t business is:</li> </ol>		dersigned use(s) in the transaction of
	_ Crowning Glo	ry
2.	2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
	Joni Lyn Mann 2	40 Horrocks Drive
		Blacktoot ID 83221
3.	The general type of business transacted under the assumed business name is:     (mark only those that apply)	
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4.	The name and address to which future correspondence should be addressed:	one number (optional): (208) 782-1119
	240 Horrocks Drive	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgment copy is (if other than #4 above):	Secretary of State 700 West Jefferson Basement West
	F-7 / I CAIGA MIRELE # # SDUYE).	PO Box 83720 Boise ID 83720-0080

208 334-2301

Secretary of State use only

Signature: **Printed Name:** Capacity:

(see instruction # 8 on back of form)

LOAHO SECRETARY OF STATE

03/22/2000 09:00 CK: 3560 CT: 128607 BH: 381465

1 @ 28.66 = 28.66 ASSUM MAME # 2

1) 34274