	CERTIFICATE OF ASSUM (Please type or print legibly. S	MED BUSINESS NAME FILED See instructions on reverse.)
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.		
1.	The assumed business name which the unbusiness is: Sunrise Associ	ates AHS 99
2.	business under the assumed business name. Name Ranne	
3.	The general type of business transacted ur (mark only those that apply) Retail Trade Manufacturing	
4	☐ Wholesale Trade☐ Agriculture☐ Construction	Finance, Insurance, and Real Estate Mining Chone number (optional): 3 13 9487
٦.	Bonne-Dee Blaine 3246 E. Medgemaple CT.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgmen copy is (if other than #4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		Secretary of State use only IDAHO SECRETARY OF STATE 93/95/1999 99:90 CX: 515 CT: 112835 BH: 193958
Signature: Brance - Dec Blains		23/05/1999 09:00 CK: 515 CT: 112035 BH: 193950
District Many of the Color		
Capacity: Sole Proprietor (see instruction # 8 on back of form)		