CERTIFICATE OF A (Please type or print le	ASSUMED BUSIN	ES AMBU AM 9: 09
	ATE, STATE OF IDAHO 53-504, Idaho Code, the ur on of an Assumed Busine	
1. The assumed business rebusiness is:	name which the undersigne בארטואני בארטואני	ed use(s) in the transaction of
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name of the entity or individual(s) doing business under the assumed business name is/are:		
Name Soπ R Doring	Doheren 218	Complete Address LE ST. CLAIR IF, ID. 83404
The general type of business transacted under the assumed business name is: (mark only those that apply)		
Retail Trade Wholesale Trade Services	Manufacturing Agriculture Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4. The name and address to correspondence should b	which future Phone nulle addressed:	mber (optional):
	33404	Submit Certificate of Assumed Business Name and \$2\$,00 fee to:
5. Name and address for this copy is (if other than # 4 above):	s acknowledgment	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature: C	Revision 2/97	Secretary of State use only OF STATE 10410-52 RETARY OF STATE 107/14/2003 05:00 10 25.00 = 25.00 ASSUM NAME # 2
Printed Name: Scott Doctors		D67107
Capacity: OWNER, PRESIG	DENT Swa	