## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. 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 Assume		
	The assumed business name which the unbusiness is:	ndersigned i	use(s) in the transaction of
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:  Name  Complete Address		
	Tray Hooley	1203 n	rain Gooding 83334
3.	The general type of business transacted unark only those that apply)	under the as	sumed business name is:
	Retail Trade  Wholesale Trade  Services  Manufacturia Agriculture Construction		Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4.	The name and address to which future correspondence should be addressed:	Phone num	ber (optional):
	3112 Main St.		Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Cooding TD 83330  Name and address for this acknowledgm copy is (if other then #4 above):	ent	Secretary of State 700 West Jefferson Basement West PO Box 83720
	COPY IS (II OUBLING TROOT).	<u></u>	Boise ID 83720-0080 208 334-2301
		792 vaji	Secretary of State use only INNO SECRETARY OF STATE  07/31/1997 09:00
•	d Name: Sherrie Hooley	i i	CK: 204 CT: 64502 BN: 25046 1 9 20.00 = 20.00 ASSUM HAVE
	city: Office Manager  (see instruction # 8 on back of form)	e ndakomoteka s	D 6807