## 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 Assumed Business Name.	
The assumed business name which the usiness is:      Orth End	
The true name(s) and business address(     business under the assumed business na     Name	es) of the entity or individual(s) doing ame is/are:  Complete Address
Sally M. Fishburn	Boise, ID. 83702
3. The general type of business transacted under the assumed business name is:  (mark only those that apply)  Retail Trade	
4. The name and address to which future correspondence should be addressed:  Sally M. Fishburn  1213 Harrison Blvd.	Phone number (optional):  Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledge copy is (if other than # 4 above):	Secretary of State 700 West Jefferson ment Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301,
Julia	Secretary of State use only

IDANO SECRETARY OF STATE

04/10/2001 09:00 CK: 1926 CT: 144862 BH: 398258

1 0 20.00 = 20.00 ASSUM HAME # 2

D44356

Signature:

Printed Name:

Capacity: 1

(see instruction # 8 on back of form)