CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
Pursuant to Section 53-504, I	TATE OF IDAHO Idaho Code, the undersigned TARY OF STATE
1. The assumed business name which the	undersigned use(s) in the transaction of
business is:	LE BARON
	LE DANGIN
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
Abe Morris	Rt 1 Box 484 Marsing 16. 83639
Boverley Berends	Pt 1 Box 484 Marking 1d. 87639
Marshall Morris	Pt 1 Box484 Marsing Id 83639
The general type of business transacted (mark only those that apply)	d under the assumed business name is:
☐ Retail Trade ☐ Manufactu ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction	Finance, Insurance, and Real Estate
 The name and address to which future correspondence should be addressed: 	Phone number (optional): 896~4533
Rt 1 BOX484	- Submit Certificate of
MARSING Idaho	Assumed Business Name and \$20.00 fee to:
R3639	1
	Secretary of State 700 West Jefferson
Name and address for this acknowledgr copy is (if other than # 4 above):	ment Basement West PO Box 83720
	Boise ID 83720-0080 208 334-2301
	Sacrotary of State use only
Signature: Dee Ullows	03/18/1998 09:00 CK: 3427 CT: 95917 BH: 92188 1 8 29.88 = 28.88 ASSUM NAME
Printed Name: Abe Morris	· 8
Capacity: Pertner	U13167

(see instruction # 8 on back of form)