CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See Instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO JUL 17 4 25 PH 197



The assumed business name which the	ned Bu under	signed us	e(s) in 1		Saction of
business is: BALANCE					
The true name(s) and business address business under the assumed business r		•	or indi	vidual(s	s) doing
<u>Name</u>		Cor	nplete /	Addres:	S
RONDA K. BOWDEN	2719	STEWART	BOISE	IDAHO	83702
LEAH STEPHENS	2719	STEWART	BOISE	IDAHO	83702
KRISTINE JACKSON	2719	STEWART	BOISE	IDAHO	83702
The name and address to which future correspondence should be addressed:	Phor	ne numbe	r (optiona	al): <u>208-</u>	345-3227
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BALANCE					cate of
2719 STEWART			Assur	ned Bus	siness
2719 STEWART			Assur		
2719 STEWART			Assur Name Secre	and \$2 stary of \$	siness 0,00 fee to: State
2719 STEWART BOISE IDAHO 83702	nent		Assur Name Secre 700 W	and \$2 stary of \$ Vest Jeff	siness 0,00 fee to: State ferson
2719 STEWART	nent		Assur Name Secre 700 W Baser	and \$2 stary of \$	siness :0.00 fee to: State ferson est
2719 STEWART BOISE IDAHO 83702 Name and address for this acknowledge copy is (if other than # 4 above):	nent		Assur Name Secre 700 W Baser PO Be Boise	and \$2 tary of \$ Vest Jeff ment We ox 8372 ID 8372	siness co.oo fee to: State ferson est 0 20-0080
2719 STEWART BOISE IDAHO 83702 Name and address for this acknowledge	nent		Assur Name Secre 700 W Baser PO Be Boise	and \$2 stary of \$ Vest Jeff ment We ox 8372	siness co.oo fee to: State ferson est 0 20-0080
2719 STEWART BOISE IDAHO 83702 Name and address for this acknowledge copy is (if other than # 4 above):	nent		Assur Name Secre 700 W Baser PO Be Boise 208 3	tary of S Vest Jeff ment Web ox 8372 ID 8372 34-2301	siness co.oo fee to: State ferson est 0 20-0080

Signature Printed Name

Capacity: 10- AREASTIC

(see instruction # 8 on back of form)

07/17/1997 09:00 CK: CASH CT: 84428 MH: 22382

1 0 20.00 = 20.00 ASSUM NAME

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