CERTIFICATE OF ASSUM (Please type or print legibly. S	AED BUSINESS PARE ee instructions on reverse.
To the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Idal gives notice of adoption of an As	no Code, the undersigned
 The assumed business name which the un business is: 	dersigned use(s) in the transaction of
THE OTHER SIDE OF	- THE FENCE
The true name(s) and business address(es business under the assumed business name).	ne is/are:
Name CARL S. ROBERTS	Complete Address 17875 MADISON AVE.
	NAMPA, 10 83687
3. The general type of business transacted ur (mark only those that apply)	nder the assumed business name is:
Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
The name and address to which future P correspondence should be addressed:	hone number (optional):
CARL S. ROBERTS	Submit Certificate of
17875 MADISON AVE.	Assumed Business Name and \$20.00 fee to:
NAMPA, 1D 83687	Secretary of State
5. Name and address for this acknowledgmen	
COPy IS (if other than # 4 above).	PO Box 83720 Boise ID 83720-0080
	208 334-2301
	Secretary of State use only § IDANO SECRETARY OF STATE
	99/67/2000 09:00
Signature:	CK: 238203 CT: 135671 BH: 346676
Printed Name: <u>CARL S, ROBERTS</u>	
Capacity: <u>OWNER</u>	D 38752
(see instruction # 8 on back of form)	i <u>e</u>