Capacity: owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
To the SECRETARY OF STATE, STA- Pursuant to Section 53-504, Ida gives notice of adoption of an As	TE OF IDAHO Of APR 16 AM 9: 04, the Undersigned FTARY OF STATE
1. The assumed business name which the unbusiness is:	ndersigned use(s) in the transaction of the
The true name(s) and business address(es business under the assumed business name. Name	ne is/are:
Daviel J. Studer	Complete Address POBOX 631 Bonners Ferry, Idaho
The general type of business transacted un (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
correspondence should be addressed:	hone number (optional):
P.D. Box 631	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Sonners Fevry, ID 33805 5. Name and address for this acknowledgmen copy is (if other than # 4 above):	700 West Jefferson
	Secretary of State use only
Signature: Daniel Studen	BANG SECRETARY OF STATE
Printed Name: DANIEL J. STUDER	84/16/2001 09:00 8 03:711 CT: 145655 RH: 391316

1 9 20.88 = 20.88 ASSUM NAME # 2

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