Capacity: Owner

(see instruction # 8 on back of form)

	CERTIFICATE OF ASSU (Please type or print legibly.	MED BUSINESS PAME See instructions on reverse.)
	gives notice of adoption of an A	ATE OF IDAHO  Jaho Code, the undersigned 0 AN ID: 52  Assumed Business Name.
1.	The assumed business name which the u business is:	undersigned use(s) in the Afrantiant attion of
2.	A Commentation of the Comment of the	es) of the entity or individual(s) doing
NED'S	business under the assumed business na  Name  Correct	eme is/are: <u>Complete Address</u> <u>p: 0 bo x 1787 Ketchum</u> 10.
<b>\</b>		Phrichal Aprent 1420 Shudy Brak Hulley
3.	The general type of business transacted un (mark only those that apply)	under the assumed business name is:
	Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
4.	The name and address to which future correspondence should be addressed:	Phone number (optional): \( \frac{108}{208} \) \( \frac{38}{34} \)
	P. O box 1781	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
5.	Name and address for this acknowledgme copy is (if other than #4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	None	Secretary of State use only  IDANO SECRETARY OF STATE  92/28/2001 09:00  CK: 163 CT: 142884 BH: 381772
Signatu	ire: Jun July	© 02/28/2001 09:00 CK: 163 CT: 142884 BH: 381772
_	Name: Luis Luca Laver	1 # 28.88 = 20.86 ASSUM WAME # 2

#D43079