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CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

ad	Pursuant to Section 53-504, loption of an Assumed Business		de, the undersigned gives notice of E STATE OF IDAHO
1.	The assumed business name we business is: Helping		ndersigned use(s) in the transaction of
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Sherry Simler		Po Box 133 Orofino, ID 13544
3.	The general type of business tra	ansacted u	nder the assumed business name is:
•	See categories on the reverse		
4.	The name and address to which Sherry Simler P	•	ndence should be addressed:
		Signed _	Sherry Simler
		By _	<i>,</i>
			· · · · · · · · · · · · · · · · · · ·
		Capacity_	Manager
	Submit Certificate of Assumed Business Name and \$20.00 fee		Customer#