## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on Parts D)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the under STARY OF STATE

		ssumed Business NameTARY OF STATE
1.	The assumed business name which the un	dersigned use(s) in the transaction of
	business is: STEEL DUST CLE	- ANTINE?
	3/222003/ 022	
2.	The true name(s) and business address(es business under the assumed business name	, , , , , , , , , , , , , , , , , , , ,
	Name AUCE LOMAN	Complete Address 7944 W TILLAMOOK DR
		BOISE ID 83709
3.	The general type of business transacted un	nder the assumed business name is:
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	
4.	The name and address to which future P correspondence should be addressed:	Phone number (optional):
	AUCE LOMAN  7944 W TILLAMOOK DR  BOISE ID 83709	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgmen 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
		Secretary of State use only  IDAHO SECRETARY OF STATE

Signature: <u>Alieu forman</u>

Printed Name: ALICE LOMAN

Capacity: sole proprietor

(see instruction # 8 on back of form)

02/03/1999 09:00 CX: 92884883680 CT: 118567 M: 184533

1 8 28.88 = 28.88 ASSUM NAME # 2

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