FILL

## CERTIFICATE OF ASSUMED BUSINESS NAMES

	o the SECRETARY ( Pursuant to Sec Ioption of an Assume	ction 53-504.	idaho Cod	IDAHO de, the unders	ned gives notice	of BARBAR	
1.	The assumed business name which the undersigned us (s) in the transaction of business is:						
	SUN I	BEAR	W00	DWORKIN	J <u>G</u>	***	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:						
	STEVEN E. A	ame Roberts ,	IR	847 S	Address outh 3RD AVE.	POLATELLO, ID	8320 j
			<del> </del>				
3.	The general type of	business tran	sacted ur	oder the assur	and huninger	-	
	CABINET AN	D FUR	VITURE			! IS.	
4. The name and address to which correspondence should be addressed:  Sun Bear Woodworking 847 South 3rd Ave Pre Id 8570)							
			Signed	Shi	Hally.		
		E	Зу <u> </u>	STEVEN	E. ROBERTS	JR.	
		(	Capacity_	OWNER	,		
	Submit Certificate of Business Name and		<b>)</b> :	Customer#	IBOHO SELBETORY OF	STATE	
;	Secretary of State			900	Segretary of Signal 1 of CX: 1963 CT: 143114 E	경영 = 연연 H: 382644	
i	700 West Jefferson PO Box 83720 Boise ID 83720-008(	)		Revelon 10/06	1 e 20.96 = 20.66 F	ISSUM NAME # 2	
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