<b>CERTIFICATE OF ASSU</b>	IMED BUSINESS NAME
(Please type or print legibly.	See instructions on Payerse.)

	To the SECRETARY OF STATE, STAT  Pursuant to Section 53-504, Idah  gives notice of adoption of an As	o Code, the undersigned
1.	The assumed business name which the und business is:	dersigned use(s) in the transaction of
2.	The true name(s) and business address(es) business under the assumed business nam	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `
	Sam Stephens 8	Complete Address  50 # 10 W. Spinit LAKE Rd  Spinit LAKE IT & 83869  350 # 10 W. Spinis LAKE Rd.  pinit LAKE, Id 83869
3.	The general type of business transacted un (mark only those that apply)	der the assumed business name is:
,	Retail Trade	Finance, Insurance, and Real Estate Mining
	The name and address to which future Pl	none number (optional): 208-423-5275
Styph	Spirit LAKE, F. d 83869	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
Signatu	ire/ X/Ly Z	6

Capacity: GUNGE

Printed Name: DEBULA

(see instruction # 8 on back of form)

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