## ILED/EI-FECTIVE

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

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Ida gives notice of adoption of an A	6, 40
1. The assumed business name which the unbusiness is:	and the second s
2. The true name(s) and business address(e business under the assumed business name  Cover Name  Building	me is/are:  Complete Address   1   1   2   1   6
120	ner Rd 83607
3. The general type of business transacted us (mark only those that apply)  Retail Trade	ng Transportation and Public Utilities Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed:  Same As Asure	Submit Certificate of Assumed Business Name and \$20.00 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
Signature: Deo Pickott	Secretary of State use only  IDAHO SECRETARY OF STATE  06/21/2000 09:00  CK: 1028 CT: 132650 BH: 327978  1 0 20.00 = 20.00 ASSUM NAME # 2
Printed Name: Dea tickett  Capacity: Manceu	mskabn p65

(see instruction # 8 on back of form)

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