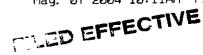
Signature:_

Printed Name: _

Capacity/Title: owner / o Dera to (





CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filling a certificate of Assumed Business Name.

2004 MAY -7 P 1: 14

STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse be	fore filing.
The assumed business name which the ubusiness is: Aua L. S.	indersigned use(s) in the transaction of
The true name(s) and business address(substitution business under the assumed business name	es) of the entity or individual(s) doing ame: Complete Address
Jackie Lewis	227 & Main Lava Hot Springs, ID 832.46
3. The general type of business transacted Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta 4. The name and address to which future correspondence should be addressed: Tackic Lewis La Po Box 215 Name and address for this acknowledge copy is (if other than #4 above):	Submit Certificate of Assumed Business Name and \$25.00 fee to: 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

195/07/2004 05:00

CK: 57102634530MJO CT: 172099 BH: 743765

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