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 Idaha Code th

	gives notice of adoption of an Assumed Business Name.	
1.	The assumed business name which the undersigned business is:	ise(s) in Brace ansagripm of
	GIZZYGIZMO'S	STATE OF IDAHO
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
	ROBERT E. SKAUGSTADJR PO. F	omplete Address 30X 173
	PRIE	ST RIVER IDAHO
		8385 6
3.	The general type of business transacted under the assumed business name is:	
	Wholesale Trade	ansportation and Public Utilities nance, Insurance, and Real Estate ning
4.	The name and address to which future correspondence should be addressed:	
	ROB SKAUGSTAD	Submit Certificate of
	PO BOX 113	Assumed Business Name and \$20.00 fee to:
	Name and address for this acknowledgment 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
-	92	Secretary of State use only
- atur	e: Notest States	IDANO SECRETARY OF STATE 89/03/1999 09:00 X: 2571 CT: 120006 BH: 247206

Signa

Printed Name: RC

Capacity: PRESID

(see instruction # 8 on back of form)

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