## CERTIFICATE OF ASSUMED BUSINESS NAME AN 9: 02

Pursuant to Section 53-504, Idaho Coo Assumed Business Name.	STATE OF IDAHO  STATE OF IDAHO  de, the undersigned gives notice of adoption of an
1. The assumed business name which business is:  Rand S ENTE	the undersigned use(s) in the transaction of $PRISES$
2. The true name(s) and business address under the assumed business name is SHARON L. SEARS	ress(es) of the entity or individual(s) doing business  Address
	Address 388 FILER AVE, W, TWIN FALLS TO  1330/19  ted under the assumed business name is:
TRANSPORTATION  See categories on the reverse	ted under the assumed business name is:
4. The name and address to which corre	espondence should be addressed:
_ 388 FILER AVE W. TWIN FA	Signed Star Sease  By  Capacity Owner / pole Disprietor
Submit Certificate of Assumed Business name and \$20.00 fee to:	Customer # Secretary of State use only
Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080	
	IDAHO SECRETARY OF STATE 04/21/2003 05:00
	CK: 1335 CT: 158010 BH: 675856 1 0 25.00 = 25.00 ASSUM WANE # 2

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Saving work