

CERTIFICATE OF ASSUMED BUSINESS NAME

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

02 AUG 27 PM 3: 55

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction #8 on back of form)

STATE OF STATE

	THE OF IDANU
The assumed business name which the unders business is: EN LOU	signed use(s) in the transaction of
The true name(s) and <u>business</u> address(es) of t business under the assumed business name:	he entity or individual(s) doing
<u>Name</u>	Complete Address
Sara Kichards 11	341 Camas
<u>B</u>	ioise ID
	83109
3. The general type of business transacted under X Retail Trade Transportation and	
Wholesale Trade Construction	r dulic Othitles
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: Sara Richardo 11341 Camas Boisc, ID 83709	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Phone number (optional):
	Secretary of State use only
Signature: Sara Richards Capacity/Title: Owner	IDAHO SECRETARY OF STATE 98/28/2002 95:00
Conseit (Title	CK: CASH CT: 158010 BH: 485047 1 0 20.00 = 20.00 ASSUM NAME # 3
Capacity/Title: Owner §	D 57736