

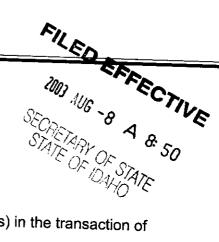
(see instruction # 8 on back of form)

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

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



The true name(s) and business address(s)	es) of the entity or individual(s) doing
business under the assumed business na Name Cheetah Tales, Inc.	Complete Address 105 N. First Ave. #200, Sandpoint, ID 83864
3. The general type of business transacted u Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: ATI West 307 N. Second Avenue Sandpoint, ID 83864	Submit Certificate of Assumed Business
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent Phone number (optional): 208-263-8170
nature: Karen BROOKings	Secretary of State use only Secretary of State use only Secretary of State use only

IDAHO SECRETARY OF STATE

98/08/2003 95:00

CK: 1568 CT: 172128 BH: 695332
1 @ 25.00 = 25.00 ASSUM NAME # 2

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