CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

	(Flease type or print legibly. See instructions on reverse.)	
	To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. STATE OF IDAHO	
1.	The assumed business name which the undersigned use(s) in the transaction of business is:	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address	
	- FUN ASHI	TON, JD. 83421
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)	
,	Retail Trade Manufacturing Monufacturing Agriculture Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4.	The name and address to which future Phone number (optional):correspondence should be addressed:	
	B.O. B. X 833	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	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
	wision 1/98	18/05/28/06 89:88 CK: 1911 CT: 136877 BH: 352872

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Signature: Printed Name:

Capacity: onur R

(see instruction # 8 on back of form)