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

To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idah	
gives notice of adoption of an As	ssumed Business Name.
 The assumed business name which the und business is: 	dersigned use(s) in the transaction of
SEA ENTERPR	ISES TO THE
The true name(s) and business address(es business under the assumed business name	
Samu Fl. A.D. Lucia S	
BARBARA F. DE Lucia	^ .
The general type of business transacted un (mark only those that apply)	i
Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
correspondence should be addressed:	hone number (optional): 208-423-4880
SQA ENTERPRISES PO BOX 329	Submit Certificate of Assumed Business
HANSEN IN 83334	Name and \$20.00 fee to: Secretary of State
Name and address for this acknowledgmen copy is (if other than # 4 above):	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only IDANO SECRETARY OF STATE
ignature: Samuel A, De Lucio	01/04/1999 09:00 CK: 1172 CT: 109014 3H: 175217 1 0 20.00 = 20.00 ASSUM NAME # 2
rinted Name: SAMUELA, DELucia	
capacity: OWNER (see instruction # 8 on back of form)	02/68/