CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF Pursuant to Section 53-504, Idaho Coadoption of an Assumed Business Name.	ede, the undersigned gives notice of STATE OF IDAHO
1. The assumed business name which the ubusiness is:	undersigned use(s) in the transaction of
2. The true name(s) and business address(abusiness under the assumed business national parties of the properties of the	es) of the entity or individual(s) doing ame is/are: Address
Danny Lipeen	153 N. Grant V. Pocatello Idaho 83204
3. The general type of business transacted of the second s	under the assumed business name is: Knife, Boed's, wall Hang's, comp thing
4. The name and address to which corresponds	Pocatello Jaho 83 204
Signed _ By _	Tresident Theer
Capacity Submit Certificate of Assumed	Customer #
Business Name and \$20.00 fee to:	Secretary of State use only
Secretary of State	
700 West Jefferson	95/19/2000 09:00
PO Box 83720 Boise ID 83720-0080	© CK: 1023 CT: 131338 BH: 319553
	D 35969