CERTIFICATE OF ASSUMED BUSINESS NAME (Please 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			
1.	gives notice of adoption of an Assumed Business Name. The assumed business name which the undersigned use(s) in the transaction of business is:			
	Star Technical Resource	25		
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
	<u>Name</u>		Complete Address	
	Judy Gatheld	10637 W. Men	Kalinini Dr. Star, Id 83669	
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)			
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Fina	nsportation and Public Utilities ance, Insurance, and Real Estate ing	
4.	The name and address to which future correspondence should be addressed:	Phone number (optional):		
	10631 W. Menkalinia Dr.		Submit Certificate of Assumed Business Name and \$20.00 fee to:	
5.	Ster, TD 83469 Name and address for this acknowledgme copy is (if other than # 4 above):	nt	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
		56/7	Secretary of State use only	
Signature: July Santul		Revision 12/99	1DAHO SECRETARY OF STATE 5	
Printed Name: Judy Gatheld			1 2 20.00 = 20.00 ASSUM NAME # 2	
Capacity: Owner (see instruction # 8 on back of form)				
	(see instruction # 8 on back of form)),corpV	11 76VI	