	CERTIFICATE OF ASSU (Please type or print legibly.	JMED BUSINESS NAME See instructions on reverse.)	
	To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Ide gives notice of adoption of an A		
1.	The assumed business name which the u business is:		到阿贝
	BREAKIARO		8 년 81년 86일
2.	The true name(s) and business address(e business under the assumed business na	· · · · · · · · · · · · · · · · · · ·	
	<u>Name</u>	Complete Address	
	TED MCCOY, INC.	P.O. BOX 451	
	C129298	P.O. BOX 45/ HATHEY ID 83333	
3.	The general type of business transacted (mark only those that apply)	under the assumed business name is:	
	Retail Trade Manufacturi Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Esta	ıte
4.	The name and address to which future correspondence should be addressed:	Phone number (optional): 202 720 - 1.10	
	P.O. BOX 451	Submit Certificate of Assumed Business Name and \$20.00 fee to:	
	IMILEY , ID 83333	Secretary of State 700 West Jefferson	
5.	Name and address for this acknowledgm copy is (if other than # 4 above):		
		Secretary of State use only	
0:	100MG	Revision 12/99	

Signature: TED MCCoy

Capacity: PREST DENT
(see instruction # 8 on back of form)

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IDAHO SECRETARY OF STATE

43/46/2042 45:40

CK: 5170 CT: 158010 BH: 450126
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