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 gives notice of adoption of an Assumed Business Name.				
1.	The assumed business name which the unbusiness is: Deb Roope'S From	_	5	ion 6P
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
	Debra Roope .		nplete Address land Lane, Co 83815	curd Alene - 8384
3.	The general type of business transacted ur (mark only those that apply)	nder the assu	med business nam	e is:
	Retail Trade	Fina	nsportation and Pu ance, Insurance, a ing	Į.
4.	The name and address to which future correspondence should be addressed:	hone number	(optional): (209)	.64-8303
	Debra Roope 3620 N. Fruitland Lane		Submit Certificate Assumed Business Name and \$20.00	
5.	Coeur d'Alene, ID \$5814 83 Name and address for this acknowledgmen copy is (if other than # 4 above):	_	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-00 208 334-2301	
	Daub	CK: 6	Secretary of State use IBAHO SECRETARY OF STA 07/08/1998 0 8881112875 CT: 181165	TE 19:00
Signatu		æ	1 8 29.98 = 29.88 AS	SUM NAME
Printed Capaci	Name: <u>Pebra L. Roope</u> ty:	orpMorms\abn p05	D 16523	
-	(see instruction # 8 on back of form)	согрУюп		