CERTIFICATE OF	FILED EFFECTIVE
ASSUMED BUSINESS NA	AME
Pursuant to Section 53-504, Idaho Code, the unc submits for filing a certificate of Assumed Busines	tersigne2005 DEC 12 AM 9: 48 ss Name.
Please type or print legibly. NOTE: See instructions on reverse before fili	ng. SECRETARY OF STATE STATE OF ID: 40
 The assumed business name which the undersigned use(s) in the transaction of business is: CHOREGAL 	
2. The true name(s) and business address(es) of the business under the assumed business name: Name BARBARA J PETTIT 409	ne entity or individual(s) doing Complete Address 94 EAST 2ND. UNIT A: Post Falls, ID 83854
 3. The general type of business transacted under the service of the serv	
 Name and address for this acknowledgment COPY IS (if other than # 4 above): 	Phone number (optional): 509 994-8854
	Secretary of State use only
Signature: Signature: (signature required) Printed Name: Capacity/Title: (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 12/12/2005 05=00 CK: 3548 CT: 158010 BH: 926221 1 & 25.00 = 25.00 ASSUM NAME # 2 94353