	CERTIFICATE OF ASSU (Please type or print legibly.			
	To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Ida gives notice of adoption of an A	aho Code, the Assumed Bus	e und ersje ped iness Name. ⁶ Alt In.	
1.	1. The assumed business name which the undersigned use(s) in the transaction of business is:			
The true name(s) and business address(es) of the entity or individual(s) doir business under the assumed business name is/are:			_	
	Lindy minder	~ ~ 	mplete Address	
		Counci	1 Idaho 83612	
3.	The general type of business transacted un (mark only those that apply)	nder the assu	ımed business name is:	
	Retail Trade	Fir	ansportation and Public Utilities nance, Insurance, and Real Estate ning	
4.	The name and address to which future F correspondence should be addressed:	Phone numbe	r (optional):	
	Post office Box 211 Council Idaho 83612		Submit Certificate of Assumed Business Name and \$20.00 fee to:	
5.	Name and address for this acknowledgmer 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	
		1/98	Secretary of State use only IDAHO SECRETARY OF STATE	
Signature: Cindu mindu		Revision 1/88	12/16/1998 @9:00 CK: 7676 CT: 188232 BH: 178768	
Printed Name: Circly Minder		8	1 % 28.86 = 28.88 ASSUM MANE # 2	
	y: Owner	corptomstabn p85	0220-	
	(see instruction # 8 on back of form)	corpton	120870	