

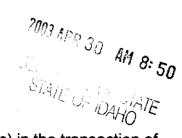
Capacity/Title: Coner

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.



	vM.
2. The true name(s) and <u>business</u> address(est business under the assumed business name Name Mrs. Dione Vaniman	ne: <u>Complete Address</u> 1768 Elmira Rd. Sandpoint, Idaho 83864
3. The general type of business transacted up Retail Trade Transportation Wholesale Trade Construction Services Magriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$20.00 fee for Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334 2301
	Secretary of State use only
Signature: And Anderson	SSOUTHERS TO SECRETARY OF STATE IDANO SECRETARY OF STATE 95/98/2993 95:09

05/08/2003 05:00 CK: 1254 CT: 158819 BH: 679476 1 9 25.88 = 25.88 ASSUM MANE # 2