CERTIFICATE OF ASSUMED (Please type or print legibly. See inst	FILED
gives notice of adoption of an Assumed Business Name.	
1. The assumed business name which the undersign business is: Jacob Mowat Enter P	1440 TE
 The true name(s) and business address(es) of the business under the assumed business name is/an 	e entity or individual(s) doing
_ acon hour manne	059 Hawthorne Rd. ubbuck ID, 83202
 The general type of business transacted under the (mark only those that apply) 	ne assumed business name is:
Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4. The name and address to which future Phone correspondence should be addressed:	number (optional):
5059 Hawkhome Rd. Chubbuck ID, 83202	Submit Certificate of Assumed Business Name and \$20.00 fee to:
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
	208 334-2301 Secretary of State use only
Signature: <u>fake7. Moutet</u> Printed Name: <u>Jacob (xuis Mousat</u>	IDAHO SECRETARY OF STATE 08/12/2002 05 = 00 CK: 9899745568 CT: 158810 BH: 4820 1 2 20.00 = 20.00 ASSUM NAME # 4
Printed Name) <u>Jacob Louis Mousat</u> _apacity: <u>President</u> (see instruction # 8 on back of form)	D 57265

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