CERTIFICATE OF ASSI (Please type or print legibly)	MED BUSINESS NAME See Instructions on reverse.)
To the SECRETARY OF STATE, ST Pursuant to Section 53-504, ke gives notice of adoption of an	daho Code, the undersigned 1/2 20 Fit 188
1. The assumed business name which the business is: Amarello 4 Webb Psyl	•
The true name(s) and business address business under the assumed business n	(es) of the entity or individual(s) doing
Iris C. Parsons	Complete Address 5257 Fairview Ave, Suite 230
	Boise, ID 83704
The general type of business transacted (mark only those that apply)	under the assumed business name is:
Retail Trade Manufactu Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed:	Phone number (optional) 345-5858
Amarcha Web Archolognal A. 5257 Fairview Ave Surt	Submit Certificate of Assumed Business Name and \$28.88 fee to
Boise, ID 83704 5. Name and address for this acknowledge copy is (if other than #4 above):	Secretary of State 700 West Jefferson Besement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: Usi C. Passons	10/20/1999 09:00 Ct. Chill St. St. St. St.
Printed Name: <u>Iris C. Parsons</u> Capacity: Office Marager/Adm. Ass	t. D 30/07/
(see instruction # 8 on back of form)	

(see instruction # 8 on back of form)