CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE STATE OF IDAHO

2. The true name(s) and business address(e business under the assumed business name Name	es) of the entity or individual(s) doing
_ Name	
George Mendora	Complete Address 700 E GROUSE CT
•	Meridian, ID. 8.7642
The general type of business transacted u (mark only those that apply)	under the assumed business name is:
Retail Trade	Finance, Insurance, and Real Esta
The name and address to which future correspondence should be addressed:	Phone number (optional): (24) 884-1603
THE OUTLOOK Enterprise 700 & GROWSE CT	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Meridian, FD. 83642	Secretary of State 700 West Jefferson
 Name and address for this acknowledgme copy is (if other than # 4 above). 	
•	Secretary of State use only
	IDAHO SECRETARY OF STATE 94/14/1999 89:00 CX: 8532 CT: 114893 NH: 207236
ature: Derse Monden	EX: 8532 CT: 114093 NH: 207236

(see instruction # 8 on back of form)