	See instructions on reverse.)
To the SECRETARY OF STATE, STA	aho Code, the undersigned / / // 08 PM 'U
1. The assumed business name which the ubusiness is:  DRS Serves	undersigned use(s) in the teams action of 0
The true name(s) and business address(e business under the assumed business name).	
<u>Name</u>	Complete Address
Russ Mueller	519 W. Chipmunk Ct Kung ID
Kuss Mueller Debbie Mueller	519 W. Chipmunk Ct Kuna, ID 519 W. Chipmunk Ct Kuna, II
3. The general type of business transacted (mark only those that apply)	under the assumed business name is:
Retail Trade Manufacturi Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
<ol><li>The name and address to which future correspondence should be addressed:</li></ol>	Phone number (optional):
519 W. Chipmunk Ct Kuna. ID 83634	Submit Certificate of Assumed Business
Mary 10 63637	Name and <b>\$20.00</b> fee to:
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson ent Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only  1DANO SECRETARY OF STATE
Signature: NUSS Must 186/ Deborah A NU	05/07/2001 09:00 CX: 3152 CT: 146853 BH: 395628
Printed Name: Russ Muslie Debbie Mue	1 0 20.00 = 20.00 ASSUM NAME # 2
Capacity: 0 WN&S	045/2
(see instruction # 8 on back of form)	d):