CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
To the SECRETARY OF STATE, STATE OF IDAHO  Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name of TARY OF STATE	
1. The assumed business name which the business is:  Distribtor  Lem State	undersigned use(s) in the transaction of
<ol><li>The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:</li></ol>	
Lotini Nuvilai	Complete Address  10131 Tangle wood DR Roise FD
3. The general type of business transacted under the assumed business name is:  (mark only those that apply)	
Retail Trade	
correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgme 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  IDAHO SECRETARY OF STATE
Signature: Lolin Franci	61/08/1998 69:66 CK: CASH CT: 92284 BH: 71825
Printed Name: Lotini Noonali Capacity: (YWW)	COTIO ()
(see instruction # 8 on back of form)	- Noorpite