Printed Name: 505an F

(see instruction # 8 on back of form)

Capacity: Dwn C

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, TATE 1. The assumed business name which the undersigned use(s) in the transaction business is:

e(s) in the transaction of or individual(s) doing note to Address OP Jerome Ta 533 med business name is:
or individual(s) doing nplete Address OOP Jerome Id 533
nplete Address 20P Jetome Id 533
nplete Address 20P Jetome Id 533
nplete Address 20P Jerome Id 833
oop Jerome Id 533
oop Jerome, Id 533
med business name is:
med Edomoco Marrie 13.
nonostation and Dublic Here
nsportation and Public Utilitie
ance, Insurance, and Real Es iing
(optional): 218 324 402
Submit Certificate of
Assumed Business Name and \$20.00 fee to:
rame and \$20.00 fee (0;
Secretary of State
700 West Jefferson Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301
Secretary of State use only
Secretary of State use only

IDAHO SECRETARY OF STATE 07/20/2001 05:00 CK: 984245 CT: 138012 BH: 408973 1 2 20.00 = 20.00 ASSUM MANE # 2

D46982