## CERT

SIFICATE OF ASSUM	MED BUSINESS NAME
(Please type or print legibly. S	ee instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO 2003 MAR 31 AM 9: 37 Pursuant to Section 53-504, Idaho Code, the undersigned

	gives notice of adoption of an Assumed Busi	ness Name.	
1.	The assumed business name which the undersigned us business is:		
	DEM MARKeting		
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	DION M Regnier 729 E	mplete Address Burley 18thusy Edaho 83318	
3.	The general type of business transacted under the assume (mark only those that apply)	med business name is:	
	Wholesale Trade Agriculture Fin	ansportation and Public Utilities ance, Insurance, and Real Estate ning	
4.	correspondence should be addressed:	r (optional):	
	Layra Gamboa 729 E. 18th WAY	Submit Certificate of Assumed Business Name and \$20.00 fee to:	
5.	Name and address for this acknowledgment	Secretary of State 700 West Jefferson Basement West	
	COPY IS (if other than # 4 above):	PO Box 83720 Boise ID 83720-0080 208 334-2301	
	N 1/98	Secretary of State use only	
_4	genting 1989	V ( ( )	

Printed Name: Dio N

Capacity: TResident

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

03/31/2003 05:00

CK: 104 CT: 158010 BH: 671861

1 0 20.00 = 20.00 ASSUM NAME # 2