CERTIFICATE OF ASSU (Please type or print legibly	JMED BUSINESS NAME See instructions on reverse.)
To the SECRETARY OF STATE, ST Pursuant to Section 53-504, Io gives notice of adoption of an	daho Code, the undersigned
The assumed business name which the business is:	± on the contract of the cont
DAd'S CUSTOM L	wood Shop 5
The true name(s) and business address(business under the assumed business na	es) of the entity or individual(s) doing ame is/are:
CALVIN M. DYFR	Complete Address 4854N-950E-Bahl-I.D.83318
The general type of business transacted under the assumed business name is: (mark only those that apply)	
Retail Trade	Finance, Insurance, and Real Estate
 The name and address to which future correspondence should be addressed: 	Phone number (optional):
LEGUN-950E -BULL	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):	PO Box 83720 Boise ID 83720-0080
	208 334-2301 Secretary of State use only
Signature: Calcin M. Dines	Secretary of State ase only
Printed Name: QRIVIN DVER	ID::HO SECRETARY OF STATE
Capacity: QCOMEV (see instruction # 8 on back of form)	10:HU SECRETARY OF STATE 10:HU SECRETARY OF STATE 10:13/2402 45:00 10:1892 07: 15/256 BH: 446025 10:20.00 = 20.00 ASSUM NAME # 2 10:10:10:10:10:10:10:10:10:10:10:10:10:1