

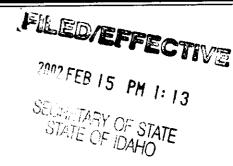
Capacity/Title: MYWW

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.



1. The assumed business name which the under	signed use(s) in the transaction of
business is:	
Strung Out	
J	the entity or individual(a) dains
The true name(s) and <u>business</u> address(es) of business under the assumed business name:	the entity of individual(s) doing
Name	Complete Address
0 1	ON N. MONACO Way
Shelly Wilson-Biala 18	
	Meridian 1D 83642
•••	
3. The general type of business transacted unde	r the assumed business name is:
5. The general type of business transacted and	Tallo doballica basilicas maine io.
Retail Trade Transportation ar	nd Public Utilities
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Estate	Name and \$20.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
	Basement West
Shelly Wilson-Bicale	PO Box 83720 Boise ID 83720-0080
Strung Out	208 334-2301
1997 N MOMACO WALL	
5. Name and address for this acknowledgment	Phone number (optional):
CODY IS (if other than # 4 above):	201 200 1099
Same	867-7811
Same	
	Secretary of State use only
	ت ان ان و و
Signature: Shandique	# # # # # # # # # # # # # # # # # # #
Cignature. Cignature 1 2/100 4 0 1 1	IDAHO SECRETARY OF STATE 9 5 02/15/2002 05:00
Printed Name: Shelly Wilson-Break	100000

IDAHO SECRETARY OF STATE

102/15/2002 05:00

CK: 3333 CT: 157425 BH: 446660

1 0 20.00 = 20.00 ASSUM NAME # 2

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