



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED - FILED - FILED - FILED -

SEP 19 3 17 PM '00

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.

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

Ceti Alpha Five

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name
Treshia Thueson

Complete Address
2650 W Boise Ave #2
Boise Idaho 83706

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

Treshia Thueson
2650 W Boise Ave #2
Boise Idaho 83706

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

09/19/2000 09:00
CK: 1049 CT: 136216 BH: 349414

1 E 26.00 = 26.00 ASSUM NAME # 2

Signature: Treshia Thueson

Printed Name: Treshia M Thueson

Capacity: Owner

(see instruction # 8 on back of form)

Revision 1299

g:\corporate\forms\abn.p65

0 39116