	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, Id  gives notice of adoption of an	laho Code, the undersigned SIA
1.	The assumed business name which the business is:  Honey and Spirit	0 4
2.	The true name(s) and business address(business under the assumed business na	es) of the entity or individual(s) doing
	<u>Name</u>	Complete Address
	Mary Fish Kristen Rognaldson	9964 W. Bennion Rd., Worky, ID 8387 17501 W. Chatcolet Rd., Worky, ID
3.	The general type of business transacted (mark only those that apply)	under the assumed business name is:
	Retail Trade	Finance, Insurance, and Real Estate  Mining
4.	The name and address to which future correspondence should be addressed:	Phone number (optional):(208) 765-5667
	Mary Fish 9964 W. Bennion Rd	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgm copy is (if other than # 4 above):	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
Signatu	ure: 1) Jan 1 Dish	IDAHO SECRETARY OF STATE  19/25/2000 09:00  CK: 5449 CT: 137661 BH: 356739
-	Name: Mary A. Fish	1 @ 28.80 = 28.80 ASSUM MANE # 2
	ity: <u>general</u> <u>partner</u> J(see instruction # 8 on back of form)	58d udgesturologis D 39977