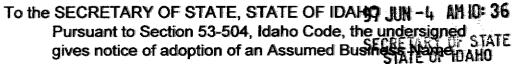
CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)





1.	The assumed business name which the un	idersigned use(s) in the transaction of
	business is: Premiere Pain	tina
2.	The true name(s) and business address(es business under the assumed business name	s) of the entity or individual(s) doing
	Michael Metzler	Complete Address 638 N. Polk Moscow ID 83843
		WLOSEDW LV 83073
3.	The general type of business transacted un (mark only those that apply)	nder the assumed business name is:
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	g Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4.	The name and address to which future correspondence should be addressed: Michael Metaler	Submit Certificate of Assumed Business
٠	P.O. Box 8282 Moscow ID 83843	Name and \$20.00 fee to: Secretary of State 700 West Jefferson
5.	Name and address for this acknowledgmen copy is (if other than # 4 above).	Rasement West
	· 表記	Secretary of State use only
Signati	ure: With	IDANO SECRETARY OF STATE DATE 06/04/1997 0900 98697 2
Printed	Name: Michael Metzler	CK #: 2025 CUST# 82412 SSUM NAME 18 20.00= 20.00
Capac	ity: <u>Owner</u>	### D 6660
	(see instruction # 8 on back of form)	#= D 5/50