	CERTIFICATE OF ASSUM (Please type or print legibly. Se	IED BUSINESS NAME be instructions on reverse.\$ _{EP}
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned SECRE STATE gives notice of adoption of an Assumed Business Name.		
1.	The assumed business name which the und business is: Boone Graphic	. ,
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	Complete Address
	Amy L. Siedenstrang	646 Packer John Dr. Garden Valley, ID 83622
3.	The general type of business transacted una	•
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate Mining
4.	The name and address to which future Procurespondence should be addressed: Amy Sicdenstrang	none number (optional): (208)462-1924 Submit Certificate of
	646 Packer John Dr.	Assumed Business Name and \$20.00 fee to:
5.	Carden Valley, D 83622 Name and address for this acknowledgmen 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
O:	Ama Cialind	IDAHO SECRETARY OF STATE
Signatu		CK: 1913 CT: 135770 BH: 347195
	Name: Amy Siedenstrang ity: Sole proprietor	99d 1 8 20.00 = 20.00 ASSUM NAME # 2
	(see instruction # 8 on back of form)	

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