CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

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: p Magic Vaccey	Mou	ers
	- Magri Vacci	1100	
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 	Cor 1039	PLA NOVIEW DR.
	LES H. HUNTER	Twin	Falls DAGGO
		8 330/	
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)		
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Ein: Min	nsportation and Public Utilities ance, Insurance, and Real Estate ing
4.	The name and address to which future Correspondence should be addressed:		
	Damo.		Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgment 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
		8	Secretary of State use only IBANO SECRETARY OF STATE
i	1111	vision 1/88	95/19/1999 09:00

Signature: Jest 14. Hunter

Printed Name: LES H. HUNTER

Capacity: OWNER

(see instruction # 8 on back of form)

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