Capacity:_

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME TIVE (Please type or print legibly. See instruction of the contract of th

To the SECRETARY OF STATE, STATE OF IDAHO

	Pursuant to Section 53-504, Idal gives notice of adoption of an As		
1.	The assumed business name which the un business is:	dersigne	d use(s) is the transaction of
	BIRDSEYE VIEW		
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	MICHAEL I. S. SNOW	7543	Complete Address Paropea Deve
	TOTTE 1. 3. SNOW	2047	TANODEA DRIVE
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		Transportation and Public Utilities Finance, Insurance, and Real Estat Mining
4.	The name and address to which future P correspondence should be addressed:	hone nui	mber (optional):
	2047 PANDORA DRIVE		Submit Certificate of
	BOSE IDAGO		Assumed Business Name and \$20.00 fee to:
	8370Z		Secretary of State
5.	Name and address for this acknowledgmer copy is (if other than # 4 above):	nt	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		12/99	Secretary of State use only IDANO SECRETARY OF STATE
0:		Revision 12/99	96/98/2998 99:99 CX: 2169 CT: 132144 BH: 324785
•	ure: N L C		1 0 20.00 = 20.00 ASSUM WANE # 2
Printed	Name: Name: Syow	. 26 	

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