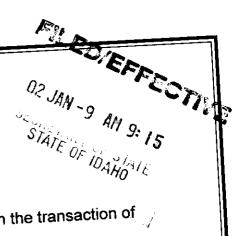


CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.



NOTE: See instructions on reverse before mi	<u>, 131.</u>	\
NOTE:	مروام الم	oo(s) in the transaction of
The assumed business name which the undersi	ignea us	se(s) in the dames
business is:		19
Dusiness is.		
The Cem Herchant		
- thusiness address(es) of t	he entity	y or individual(s) doing
2. The true name(s) and <u>business</u> address(es) of t		\ <u>\</u>
husiness under the assumed a	(Complete Address
<u>Name</u>	J.	0 Box 969
Mclinda Menhart		Kefchum, ID 83340
		regenantin
		d husinoes name is:
The general type of business transacted under	er the as	sumed business hams is:
3. The general type of business	ı Dukl	io I Itilities
Retail Trade Transportation a	nd Publ	IC Offities
	-	
Vyholesalo Han	1	Submit Certificate of
Services —	1	Assumed Business
Manufacturing Mining	1	Name and \$20.00 fee to:
Finance, Insurance, and Real Estate	1	
		Secretary of State
4. The name and address to which future		700 West Jefferson
correspondence should be addressed:		Basement West
		PO Box 83720 Boise ID 83720-0080
Melinde Merchant P.O. Box 969		208 334-2301
6:0. Box 767		200 00 1 200
Ketchum, In. 83340		
tor this acknowledgme	nt	Phone number (optional):
5. Name and address for this acknowledgme		
copy is (if other than # 4 above):		
		Secretary of State use only
	1	Secretary of State State
	18	
	9	
- sac i Markent	\$ E 50	IDAHO SECRETARY OF STATE
Signature: Melinda Merchant Printed Name: Melinda Herchant	g corp torms tabn forms tabn. p65 Revised 01 (2001	01/09/2002 05:00
Malinda Herchant	msha	CK: 698 CT: 155525 BH: 439614 1 @ 20.00 = 20.00 ASSUM NAME # 2
Printed Name: Neuman	rp\for Re	• •
Capacity: OUNEV	03/:6	DCMA
(see instruction #8 on back of form)		DJU18 1