CERTIFICATE OF ASSUMED BUSINESS NAME	
(Please type or print legibly. See instru	ictions on reverse.)
To the SECRETARY OF STATE, STATE OF ID Pursuant to Section 53-504, Idaho Code,	the undersigned
gives notice of adoption of an Assumed I  1. The assumed business name which the undersigne	Business Name.
business is:	u use(s) in the transaction o
- Fuller P.C.	TATE OF THE PERSON OF THE PERS
2. The true name(s) and business address(es) of the e	entity or individual(s) doing
business under the assumed business name is/are:	· · · · · · · · · ·
Harried Albert Fuller III 120 S.	Main Brace of the 833
	/
The general type of business transacted under the a     (mark only those that apply)	ssumed business name is:
Retail Trade	
4. The name and address to which future Phone number (optional)(この8) (シリャー )13.1 correspondence should be addressed:	
Harrid Albert Fuller III	Submit Certificate of
Do S. Main	Assumed Business Name and \$20.00 fee to:
Barcroft, Idoho83217	,
Name and address for this acknowledgment	Secretary of State 700 West Jefferson
COpy is (if other than # 4 above):	Basement West PO Box 83720
	Boise ID 83720-0080 208 334-2301
	Secretary of State use only
	IDANO SECRETARY OF STATE
Signature: they A bat We II	01/29/1999 09:00 CX: 68292967694 CT: 118338 BH: 183825
Printed Name: // .   Alb   C    TT	1 # 28.88 = 28.80 ASSUM NOME # 2
Capacity: Owner / operator	1) 22644
Capacity: Owner / operator  (see instruction # 8 on back of form)	