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 ar	n Assumed Business Name.
1. The assumed business name which the business is: Angelo's Bu	siness Service.
2. The true name(s) and business address business under the assumed business in the large	· · · · · · · · · · · · · · · · · · ·
3. The general type of business transacted (mark only those that apply) Retail Trade Manufacture Modern Agriculture Services Construction	uring Transportation and Public Utilities re Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed: (arma L. Angelo P.O. Box 881 Hailey, ID 83333	- Cecletary of State
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only IDAHO SECRETARY OF STATE 08/31/2000 09:00 CX: 3912 CT: 135449 BH: 345395

Printed Name: (\)\(\alpha\capp

Capacity: <u>Dwner</u>

(see instruction # 8 on back of form)

28.88 = 28.88 ASSUM NAME # 2

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