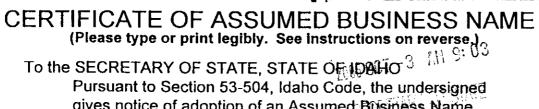
Capacity:

(see instruction # 8 on back of form)





	ned Bûsiness Name.
1. The assumed business name which the business is:	
The true name(s) and business address business under the assumed business in the second control of the se	s(es) of the entity or individual(s) doing name is/are:
<u>Name</u>	Complete Address
Linda Baker	2100 Belle Aire Ar.
	Nampa, ID 83686
The general type of business transacted (mark only those that apply)	d under the assumed business name is:
Retail Trade Manufactu Wholesale Trade Agriculture Services Constructi	Finance, Insurance, and Real Esta
4. The name and address to which future correspondence should be addressed:	Phone number (optional): 794-2025
Nampa, ID. 83686	ASTA U
LIKE FLAKER	I Secretary of State
5. Name and address for this acknowledge copy is (if other than # 4 above):	Secretary of State 700 West Jefferson ment Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<u>.                                      </u>	ment 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080

D92235