CERTIFICATE OF ASSUMED BUSINESS NAME

•,	OEITH IOTHE OF AGOU	MILD DOGINESS INVINE	
	SECRETARY OF STATE, STATE OF Pursuant to Section 53-504, Idaho Cod on of an Assumed Business Name.	IDAHO le, the undersigned gives notice of	
1. The bus	e assumed business name which the ur siness is: FORZE AFO	ndersigned use(s) in the transaction of	
2. The	. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
· <u>-</u>	Shen Colburn 3	3921 Trevino DR. CdA Ed.	

<u>_}</u>	e general type of business transacted un Retari / trade	nder the assumed business name is:	
4	The name and address to which correspondence should be addressed: Same as above		
	3921 TREVIND DR. Courd'Alene ID Signed Still Colburn		
	Signed	Stere Colbum	
	Ву	Sheri Colburn Picsident	
	Capacity_	Picsident	
	omit Certificate of Assumed siness Name and \$20.00 fee to:	Customer#	
	retary of State	Secretary of State use only	
700	West Jefferson	§ 10040 SECRETARY OF STATE	

PO Box 83720 Boise ID 83720-0080

DATE 03/21/1997 0900 75299 CK #: 4180 CUST# 78588 ASSUM NAME 10 20.00= 20.00