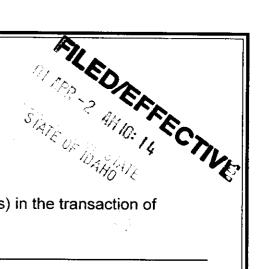


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



	140,15
 The assumed business name which the und business is: \[of the entity or individual(s) doing
4 TEMMY Lohnson	1485 POLE Line Road East Twin FAILS LD 83301
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Anny Johnson Sid Riverview Level W. Twin Falls Jo 83301 5. Name and address for this acknowledgment copy is (if other than # 4 above):	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature: Janson Printed Name: Towny Johnson Capacity:	Secretary of State use only IDAHO SECRETARY OF STATE 24/23/2001 09:00 CX: 1698 CT: 144538 BH: 388798 1 9 20.00 = 20.00 ASSUM NAME # 2
(see instruction # 8 on back of form)	5.