Capacity: Owner

(see instruction # 8 on back of form)

	CERTIFICATE OF ASSUN (Please type or print legibly. S	
	To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idal gives notice of adoption of an As	ho Code, the undersigned 1710. 24
1.	The assumed business name which the unbusiness is: KNOTHOLE WO	
2.	2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
	Name	Complete Address
	RON PETERSEN &	7433 NIDDLEBURG DR
		BOISE, 11 83709
3.	. The general type of business transacted under the assumed business name is: (mark only those that apply)	
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4. The name and address to which future Phone number (optional): 40 correspondence should be addressed:		hone number (optional): <u>208:373-0794</u>
	Ron Petersen 3433 Middleburg Dr	Submit Certificate of Assumed Business Name and \$20.00 fee to:
_	Boise, 1D 83709	Secretary of State 700 West Jefferson
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		Secretary of State use only
		12/62/1999 69:00 CK: NO CK # CT: 123623 BH: 278491
Signatu	re: /////	1 % 28.88 = 28.88 ASSUM NAME # 2
Printed	Name: YOU PETERSEN	7 312.09