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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 an Assumed Business Name.	
business is: OINK	
 The true name(s) and business address business under the assumed business r <u>Name</u> 	
Heather Culig Amy Muta	11591 W. Hazcidale Ct., Boise ID 8371 5854 Rosepoint Pl., Boise, 12 8371 3
 The general type of business transacted (mark only those that apply) 	
X Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining	
 The name and address to which future correspondence should be addressed: Amy Muta 	Phone number (optional):
5854 Rosepoint PL.	Assumed Business Name and \$20.00 fee to:
Boise, ID 83713 5. Name and address for this acknowledgr copy is (if other than #4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: Ruy AMarta	- 10/16/2000 09:00 CK: 5883 CT: 137286 BH: 354886
Printed Name: <u>Amy Muta</u> Capacity: <u>general partner</u> (see instruction # 8 on back of form)	- 18 28.00 = 20.00 ASSUM NAME # 2