SS NAME

## CERTIFICATE OF ASSUMED BUSINESS NAME AND 8: 49

To the SECRETARY OF STAT	E, STATE OF IDAHO
Pursuant to Section 53-504, Idaho	Code, the undersigned gives notice of adoption of an
Assumed Business Name.	S a section of an
The assumed business name w business is:	hich the undersigned use(s) in the transaction of
<u>Vis Jaggedge</u>	
2. The true name(s) and business under the assumed business name	address(es) of the entity or individual(s) doing business me is/are:
Tamara Hargan	Address 303 And St. E
	Twin Falls Id 83301
3. The general type of business tra	insacted under the assumed business name is:
Services	
See categories on the reverse	
4. The name and address to which	correspondence should be addressed:
§ 303 2nd St E	
	Signed Januara Slorgar  By Owner  Capacity
Submit Certificate of Assumed Business name and \$20.00 fee to:	Customer #
Secretary of State 700 West Jefferson	\$ecretary of State use only

PO Box 83720

Boise ID 83720-0080

IDAHO SECRETARY OF STATE

12/29/2000 **09:00** CX: 1007 CT: 140163 BH: 369824

1 0 26.00 = 28.00 ASSUM NAME # 2

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