Capacity: Owner

(see instruction #8 on back of form)

FILED

CERTIFICATE OF ASS (Please type or print legib	SUMED BUSINESS NAME ly. See instructions on reverse.)
gives notice of adoption of a	an Assumed Business Name STATE OF MAHO
The assumed business name which the business is:	ne undersigned use(s) in the transaction of
Trader Vick's Lo	oan and Pawn
The true name(s) and business address business under the assumed business	• • • • • • • • • • • • • • • • • • • •
<u>Name</u>	Complete Address
Victoria V. Wise	194 Mutch Creek Road XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	St. Maries, Idaho 83861
3. The general type of business transacto (mark only those that upply)	ed under the assumed business name is:
X Retail Trade	ire X Finance, knexukance x accor Reak Estate X
 The name and address to which future correspondence should be addressed 	• •
Trader Vick's Loan and Par	Q = 0
909 Main Avenue	Assumed Business Name and \$20.00 fee to:
St. Maries, Idaho 83861	Secretary of State
 Name and address for this acknowled copy is (if other than # 4 above); 	gment Basement West PO Box 83720
194 Mutch Creek Road	Boise ID 83720-0080 208 334-2301
St Maries, ID 83861	Secretary of State use only
	IDAHO SECRETARY OF STATE
Signature: Tuctoris The line	10/02/2000 09:00
rinted Name: <u>Victoria V. Wise</u>	CK: 1800 CT: 136690 BH: 351979
	1 e 20.00 = 20.00 ASSUM NAME # 2

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