Capacity: President

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED (Please type or print leg	BUSINESS NAME
To the SECRETARY OF STATE, STATE OF Pursuant to Section 53-504, Idaho Cogives notice of adoption of an Assume	FIDAHO
1. The assumed business name which the ubusiness is:	undersigned use(s) in the transaction
2. The true name(s) and business address(e business under the assumed business name  Name  Chinoah  La Halverson	Complete Address
	STT Lynwood Blud- Twin Falls, 20 83301
3. The general type of business transacted u  (mark only those that apply)  Retail Trade	•
S3301	Name and \$20.00 fee to:
(ATTIN) Chinoah L. Halverson  5. Name and address for this acknowledgmen 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 TDAHD SECRETARY OF STATE
	94: 04: 04: 04: 04: 04: 04: 04: 04: 04: 0
	1 8 20.80 = 28.00 ASSUM NAME Q437
Signature: Chinal Mohennen	D 9432
Printed Name: Chinoah L Halverson	، د د