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CERTIFICATE OF ASSUMED (Please type or print legibly. See inst	
To the SECRETARY OF STATE, STATE O Pursuant to Section 53-504, Idaho Co gives notice of adoption of an Assum	ode, the undersigned
1. The assumed business name which the business is:	undersigned use(s) in the transaction of
 The true name(s) and business address business under the assumed business n 	
Name	Complete Address
Laufin Hales Stacy Ridgs	4004 S. DAKBIDKWAY BOIKE DY 610 N Connerical Emmitter
3. The general type of business transacted (mark only those that apply)	under the assumed business name is:
Retail Trade Manufacture Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
The name and address to which future correspondence should be addressed:	Phone number (optional): 338-9490
4004 S. DAILBICOK WAY Rough DA 83706	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgn COPY is (if other than # 4 above):	nent Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
~	TIGATO SECRE PARTO DE STRIVE
	B B
Signaturer Munn Jaks	* 1 0 20.00 = 20.00 ASSUM MAME
Printed Name: Louton Hales	D 1560
(see instruction # 8 on back of form)	

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