CE	RTIFICATE OF ASSUMED (Please type or print legibly. See instructions the SECRETARY OF STATE, STATE OF Pursuant to Section 53-504, Idaho C	BUSINES NAME tructions on reverse.
To	o the SECRETARY OF STATE, STATE O Pursuant to Section 53-504, Idaho C gives notice of adoption of an Assum	pode, the appendict A Tis Let 1985
1.	The assumed business name which the business is: HIGHLANDS OF CHAOS	undersigned use(s) in the trapsaction of
2.	The true name(s) and business address business under the assumed business n	s(es) of the entity or individual(s) doing name is/are:
	<u>Name</u>	Complete Address
	JEFFREY M. CARSON	1354 N. GARFIELD AVE, Poc 10 83204
	JESSICH J. (ARSON	
3.	The general type of business transacted (mark only those that apply)	d under the assumed business name is:
	Retail Trade Manufactur Wholesale Trade Agriculture Services Constructio	Finance, Insurance, and Real Estate
4.	The name and address to which future correspondence should be addressed:	Phone number (optional): (208) 233-2497
	JESSICA J CARSON 1354 N. GARFIELD AVE	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgme 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
ignatu rinted	Name: Jessica J. Carson	IDAHO SECRETARY OF STATE 94/25/2002 05:00 CK: 2022 CT: 158010 BH: 461592 1 0 20.00 = 20.00 ASSUM NAME #

(see instruction # 8 on back of form)