	CERTIFICATE OF ASSU (Please type or print legibly.	JMED . See ins	BUS	is on reverse.)
	To the SECRETARY OF STATE, ST Pursuant to Section 53-504, lo	daho Co	de, the	undersigned ""10: 12
1.	gives notice of adoption of an The assumed business name which the business is:			·UAAI)
	Encore En	itenta	zinma	ent
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
	<u>Name</u>		Con	nplete Address
	James C. Bower	1018	۱3'	Ave Lewiston ID 83501
	Michelle A. Bower	1018	13*4	Ave Lewiston, ID 83501 Ave Lewiston, ID 83501
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)			
	Retail Trade Manufactur Wholesale Trade Agriculture Services Construction		_	nsportation and Public Utilities ance, Insurance, and Real Estate ing
4.	The name and address to which future correspondence should be addressed:			
	1018 13 Ave Lewiston, ED 83501			Submit Certificate of Assumed [®] Business Name and \$20.00 fee to:
5.	Name and address for this acknowledge copy is (if other than # 4 above): 5 ame as #4	nent		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		8		Secretary of State use only IDAHU SECKETAKY OF STATE
Signatu	ure: Fan Grun	Revision 1/98		U1/27/2000 09:00 CK: 722 CT: 125818 BH: 284873
•	Name: James C. Bower	38		1 0 20.00 = 20.00 ASSUM NAME # 2
Capac		orp/forms/abn.p65		D 32523
	(see instruction # 8 on back of form)	Madio		