## **CERTIFICATE OF**

FILED/EFFECTIVE

ASSUMED BUSINESS NAME
Pursuant to Section 53-504, Idaho Code, the undersigned 2003 FEB 11

AM 8: 52

Please type or print legibly. NOTE: See instructions on reverse before filing.

Printed Name: Sherry Gettinon

(see instruction #8 on back of form)

STATE OF DAHO

Gettman Graphics	
The true name(s) and business address(e business under the assumed business na	
Ու Name	Complete Address
Sherry Gettman	833 W. Eldredge
J	Pocalollo TD 83201
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:  833 W. Eldredge Pocadullo TD 83201	Submit Certificate of Assumed Business
. Name and address for this acknowledge	nent Phone number (optional):
COPY IS (if other than # 4 above).	(BO8) 237-9252

IDAHO SECRETARY OF STATE

02/11/2003 05:00

CK: 1950 CT: 158010 BH: 662191
1 8 20.00 = 20.00 ASSUM NAME # 2