Capacity:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

	The assumed business name which the under business is: A Clean Break	ersigned use	PAR S
2.	The true name(s) and business address(es) business under the assumed business name Name ANDA ACKERMAN	is/are: Com	or individual(s) poing applete Address
3.	The general type of business transacted und (mark only those that apply) Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Tra	nsportation and Public Utilities ance, Insurance, and Real Estate
4.	The name and address to which future correspondence should be addressed: -1685 6/00m	none number	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State
5.	Name and address for this acknowledgmen copy is (if other than # 4 above).	t	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signati	ure: Made Ackerman	p65 Revision 12/99	Secretary of State use only IDAHO SECRETARY OF STATE 09/11/2000 09:00 CK: 4894 CT: 135883 BH: 347386 1 8 28.88 = 28.88 ASSUM MANE # 3

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