CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
(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. 1. The assumed business name which the undersigned use(s) in the transaction of	
1. The assumed business name which the business is: Steling Custon 1	OF IDAHOVIE
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address	
Petricia Stelling	211 Rice St
	Kilchim ID 83540
	190. BOX 788
The general type of business transacted under the assumed business name is: (mark only those that apply)	
Retail Trade	
correspondence should be addressed:	, ,
P.O. 30 x 788 Kehhm ID 83340	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgm 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
Signature: Pulicia Eleilu	IDAHO SECRETARY OF STATE ### ### ############################
Printed Name: PATRICIA STERLINZ	CK: 3760126191 CT: 126495 BH: 288901
Capacity: SWNER (see instruction # 8 on back of form)	1 9 28.86 = 29.88 ASSUM MANE # 2 32928