## CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE				•	Falls of Th
Pursuant to Section 53-5		de, the unders	igned giv	es notice of	
adoption of an Assumed Busine	ess name.				STATE .F I
1. The assumed business nam	e which the u	ndersigned us	e(s) in th	e transactio	n of
business is:					
Kunners					
The same of the sa		**************************************	·	-	
2. The true name(s) and busin	ess address(e	s) of the entity	or indivi	dual(s) doin	р
business under the assume				<b>(</b> " <b>/</b>	3
Nam <u>e</u>		<u>Address</u>			
And the Angle of the Control of the					
Jacob Sperlmon		P.O. Box	67	Trans	71)
		r.v. bay		Tenneto	<u>L</u>
		රි	<u> 5450</u>		
<ol><li>The general type of busines.</li></ol>	s transacted u	inder the assu	med bus	iness name	is:
Courses S	ervice			·	
See categories on the reverse					
· And American					
4. The name and address to w	hich correspoi	ndence should	be addr	essed:	
Luncas	P.O. Rox	93 7	careto	n ID	83450
Ye g					
Notice to					
			_	//	
	Signed _	DACO	B Spe	z/non	
1. C. C. C.		•		-	
(A. N. A.	Ву _		<del></del>	· · · · · · · · · · · · · · · · · · ·	
20.4					
Submit Cadificate of Assi	umed	perfective from what re-			
Submit Certificate of Assumed Business Name and \$20.00 fee to:		Customer#			
PUSHICOS HOME ONU #20.	er jour to.	GUSTONIEN			
i.		·			

Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080

Secretary of State use only

IDAHO SECRETARY OF STATE
DATE 02/13/1997
0900 63870 2
CX #: 1242 CUST# 76527

ASSUM NAME 18 20.00= 20.00