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 University of Section 54-504, Idaho Code, I	
1. The assumed business name which the undersigned useds Fig. 10 that section of	
business is:	- And
FIRST LINE VENDIA) \(\)
 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>	Complete Address
James W. Johnson	718 ForesT AVE.
	Sanopoint ID.
3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining	
4. The name and address to which future correspondence should be addressed:	
718 Forest Ave.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Sanspoint ID. 83864	Secretary of State
5. Name and address for this acknowledgm copy is (if other than # 4 above):	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
	IDAHO SECRETARY OF STATE
Signature: James a. Johnson	IDAHO SECRETARY OF STATE 12/89/1998 09:00 CK: 1991 CT: 197865 BH: 168574
Printed Name: James w. Johnson	1 8 28.86 = 20.80 ASSUM NAME # 2
Capacity: OKANIPH OPERATOR	D 20197

(see instruction # 8 on back of form)