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

To the SECRETARY OF STATE, STATE OF IDAHO

WE ±	Pursuant to Section 53-504, Idaho (gives notice of adoption of an Assur	•
1.	The assumed business name which the unders business is:	signed use(s) in the transaction of
	The Handy	Hubby
2	The true name(s) and business address(es) of	/
	business under the assumed business name is/are:	
	<u>Name</u>	Complete Address
	Larry Bryan 160	5 Maple AVE Twin Falls ID 83301
3.		
4	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Transportation and Public Utilities Finance, Insurance, and Real Esta Mining
٦.	The name and address to which future Phon correspondence should be addressed:	e number (optional): 208 - 73 4 - 73.2
	Larry Bryan	Submit Certificate of
	1605 Maple AVE	Assumed Business Name and \$20.00 fee to:
	Tw.n Falls, ID. 83301	Secretary of State
5.	Name and address for this acknowledgment	700 West Jefferson Basement West
	COPY IS (if other than # 4 above):	PO Box 83720
		Boise ID 83720-0080 208 334-2301
	. 8	Secretary of State use only IDAHO SECRETARY OF STATE
	Revision 198	04/14/1999 09:00 CK: 3897 CT: 114887 BH: 287214
ignatı	ure: Xary E. Byyan	1 9 20.00 = 20.00 ASSUM NAME # 24 4
rinted	ity: Owner / Manager	D25051
apac	ity: Owner / managr	

(see instruction # 8 on back of form)