## CERTIFICATE OF ASSUMED BUSINESS NAMED (Please type or print legibly) (Please type or print legibly)

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 Nangean				
	The assumed business name which the undersigned use(s) in the transaction of business is:			
2.	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	
	Mia Crosthwaite 1	722	Amber, Boix, 12 83706	
3.	The general type of business transacted und	der the	assumed business name is:	
	Retail Trade		Transportation and Public Utilities Finance, Insurance, and Real Estate Mining	
4.	The name and address to which future correspondence should be addressed:  Same as #>		Submit Certificate of Assumed Business Name and \$20.00 fee to:	
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	nt	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
		2/97	18/22/1999 89:08	

Signature: // Wall confust

Printed Name: Mia Crosth ait

Capacity: DWer (see instruction # 8 on back of form)

D 30238