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 undersigned

	gives notice of adoption of an As	ssumed Business Name. 1 21 71 33
	The assumed business name which the uno business is:	ndersigned use(s) in the transaction of STATE OF TRANS
	JCL SDOON NO	
	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
	Helene Welch	Complete Address 5015 E. USTICK#118 Caldwell, 1d 83605
	Christine Adams	917 Podway Pd Soise, 12 83704
3.	The general type of business transacted un (mark only those that apply)	nder the assumed business name is:
	Retail Trade Manufacturing Manufacturing Agriculture Services Construction	g
	The name and address to which future correspondence should be addressed:	Phone number (optional):
	Scrapworks P.O. Box 352	Submit Certificate of Assumed Business Name and \$20.00 fee to:
_	Eagle, 1d 83616	Secretary of State 700 West Jefferson
	Name and address for this acknowledgmen copy is (if other than # 4 above):	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		Secretary of State use only
		IDANO SECRETARY OF STATE 11/61/1999 69:00
Signatu	ire: Chamber 1	11/61/1999 69:00 CX: 2528 CT: 122418 BH: 262586
•	Name: Christine Adams	1 0 20.00 = 20.00 ASSUM MAME # 2

Capacity:_

(see instruction # 8 on back of form)

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