	CERTIFICATE OF ASSUMED BUS (Please type or print legibly. See instruction		
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned ID: 06 gives notice of adoption of an Assumed Business Name of STATE 1. The assumed business name which the undersigned use(s) in the transaction of business is:			
1.	The assumed business name which the undersigned use business is: VITA BREVIS EXPERIMENTAL	PRINTMAKING	
2.	. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	JENNIFER LGALDIN MIKESH 105 W. CHE	nplete Address STNOT HAILEY ID 83333	
3.			
J.	(mark only those that apply) Retail Trade Manufacturing Tra	nsportation and Public Utilities ance, Insurance, and Real Estate	
4.	Services Construction Mining The name and address to which future Phone number (optional): 208 188 8312		
*	Correspondence should be addressed: VITA BREVIS EXPERIMENTAL PRINTMAKING	Submit Certificate of Assumed Business	
	P.O. BOX 2937 HAILEY Td. 83333	Name and \$20.00 fee to: Secretary of State 700 West Jefferson	
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
		EPOUR GECART MAY LEFT STATE LY	

Signature:

Printed Name: NATHAN WELLS GALPIN MIKELY

Capacity: MASTER PRINTER

(see instruction # 8 on back of form)

Revision 12/99

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02/65/2001 09:00 CX: 1167 CT: 141813 BH: 376929

1 P 20.00 = 20.00 ASSUM NAME # 2

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