CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions File D) EFFECTIVE

	To the SECRETARY OF STATE, STA	aho Code	e, the u	_	1-7 AM 10: 06	
1.	The assumed business name which the ubusiness is:				In 9 a company of	
		stgn.	5	s	* ***	
 The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: 						
	Name		Com	plete Addre	SS	
	Greg Petro	1350	Ν	a E -	mtn Home JD	
	hana Petro	1320	N	OE	Mtn Home ID	
3.	3. The general type of business transacted under the assumed business name is: (mark only those that apply)					
	Retail Trade					
4.	4. The name and address to which future Phone number (optional)(201)-567-980 correspondence should be addressed:					
	G+L Designs			Submit Cert		
	1350 N G E			Assumed Bu Name and \$	20.00 fee to:	
	Mtn Home ID 83647			Secretary of 700 West Je		
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	ent		Basement West PO Box 83720		
			Boise ID 83720-0080 208 334-2301			
		6		Secretary of	PARY US STATE	
		Revision 12/99	(06/07/2 0 CK: 5552 CT: 14		
Signatu	Signature: Mg# massets			1 0 20.00 = 3	20.00 ASSUM NAME # 2	
Signature: 18 28.88 = 20.08 ASSUM NAME # 2 Printed Name: 6+ L Designs 82						
Capacity: (see instruction # 8 on back of form)		g:\corpvforms\abn.p65		1 N	5912	
	g:\corp\		0 ,3110			