

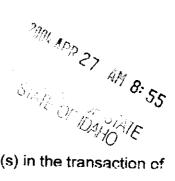
Capacity/Title: OWN F

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.



 The assumed business name which the undersign business is:	2 3 5
3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining	
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: REN LOPEL LOPEL LOS ILANE NOVTH NAMPH FU 53666	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): <u>식(63,9~) 역</u>
Signature: Printed Name: Signature: Output Signature required) Signature required) Printed Name:	Secretary of State use only IDAMS SECRETARY OF STATE Character of State use only IDAMS SECRETARY OF STATE Character of State use only

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