	CERTIFICATE OF ASSUM (Please type or print legibly. So	MED BUS	SINESS NAME, s on reverse.)	
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 Assumed Business Name (TE OF 15-34)				
1.	1. The assumed business name which the undersigned use(s) in the transaction of			
	business is: Stamps For less . Com			
2.	<ol><li>The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:</li></ol>			
	Name Complete Address			
	Jason & Tarlea Vean Ald Amanta St. Eagle, Id &3616			
3.	The general type of business transacted un (mark only those that apply)	der the assur	med business name is:	
	Retail Trade	<u> </u>	nsportation and Public Utilities ance, Insurance, and Real Estate ing	
4.	The name and address to which future Phone number (optional): 939-3508 correspondence should be addressed:			
	2104 Amanita St	J	Submit Certificate of	
	Eagle, Id 83616		Assumed Business Name and <b>\$20.00</b> fee to:	
			Secretary of State	
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	700 West Jefferson Basement Westy PO Box 83720 Boise ID 83720-0080 208 334-2301		
			Secretary of State use only	
		Revision 12/99	G1/27/2466 69:00 CK: 18161 Cf: 125824 BH: 284879	
Signature: Ma Man		Revis	1 8 28.88 = 28.88 ASSUM NAME # 2	
Capacity: Manage on back of form)  Salar of the contraction # Salar on back of form)  Output  Discreption of the contraction # Salar on back of form)				
	(see instruction # on back of form)	g:korpMc		