CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STA Pursuant to Section 5: adoption of an Assumed Bus	3-504, Idaho Cod	IDAHO de, the undersigned gives notice of STATE OF IDAHO
business is:	ame which the un	ndersigned use(s) in the transaction of
The true name(s) and bus business under the assure		s) of the entity or individual(s) doing me is/are:
<u>Mame</u> Michael E. Uebelhac	k	368 A Street Idaho Falls Id 83 to;
hisa M. Webelhac		
3. The general type of busin	ess transacted u	nder the assumed business name is:
See categories on the reverse		
4. The name and address to Lisa M. Ukebell	which correspor	Sin M. Clebelhach
200 E. 13th St	. Idahi	Falls, 1d 83404-5366
	Signed <u> </u>	Sisa Wellehelback
	Ву	
	Capacity_	owner proprietor
Submit Certificate of Assume		Customer#
Business Name and \$20.0	J u lee to.	I I I I I I I I I I I I I I I I I I I
Secretary of State 700 West Jefferson		10/65/1998 69:80 CX: 3 CT: 19496 3H: 159973
PO Box 83720		1 @ 29.08 = 20.00 ASSUM NAME # 2
Boise ID 83720-0080 3 5 4 - 2 3 σ o		1
		D 15 254