

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

FILED Pursuant to Section 53-504, Idaho Code, the undersigned

	gives notice of adoption of an Assumed Business Manne AM 9: 05		
1.	The assumed business name which the undersigned use business is: Sonda Vendung	e(s) in the transaction of STATE OF IDAHO	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Jason Andreson & 318 Bluet	nplete Address	
	Melinda Anderson Rextoring	Id 83440	
	Same.		
3.	The general type of business transacted under the assur	med business name is:	
		nsportation and Public Utilities ance, Insurance, and Real Estate ing	
4.	The name and address to which future correspondence should be addressed:		
	218 Bluebell St Finebell St	Submit Certificate of Assumed Business Name and \$20.00 fee to:	
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
	***************************************	Secretary of State use only IDAMO SECRETARY OF STATE	

Signature:

Printed Name

Capacity:

(see instruction # 8 on back of form)

93/22/1999 99:00 CK: 262 CT: 112882 BH; 199181

1 8 20.00 * 20.00 ASSUM NAME # 4

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