	CERTIFICATE OF ASSUMED I (Please type or print legibly. See instr	BUSINESS NAME ructions on reverse.)
	CERTIFICATE OF ASSUMED I (Please type or print legibly. See instr  To the SECRETARY OF STATE, STATE OF II  Pursuant to Section 53-504, Idaho Code gives notice of adoption of an Assumed	DAHO e, the undersigned  Business Name Alf-
1.	The assumed business name which the undersigned business is:	OF ID. Str.
	FM AMUSEMENT	. · · · · · · · · · · · · · · · · · · ·
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:  Name  Complete Address	
	FREFULIER 805 Ridley VIII.	DR, 3 Andpoint ID. 8386
3.	The general type of business transacted under the (mark only those that apply)	assumed business name is:
	Retail Trade Manufacturing Munufacturing Agriculture Services Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4.	The name and address to which future Phone number (optional): correspondence should be addressed:	
<i>r</i> !	FMI Amusement 805 Pillip Villy DR.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
	Janopoint ID. 83864	Secretary of State 700 West Jefferson
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	Basement West PO Box 83720 Boise ID 83720-0080
	809 Piller 11:11Apr DR	208 334-2301
		Secretary of State use only IDAHO SECRETARY OF STATE
Signate	vision	05/24/1999 09:00 CK: 83187388543 CT: 115936 BH: 219487
Printed Name: F FULLER 8		
Capacity: OFNERAL PARTIETE  (see instruction # 8 on back of form)  D 26287		
(see instruction # 8 on back of form)		