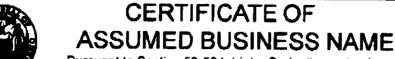
Signature: 11 July Fully Signature required

Capacity/Title: OWNER

Printed Name: MICKEYFI to 14

(see instruction #8 on back of form)



Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. AUE 1/2
2006
2007 MAY - 3 MI 9: D6
SESTA STATE
SESTA STATE

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

The assumed business name which the undersign business is:	Wangan and a second a second and a second an
The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name	entity or individual(s) doing
DAULO L. Frtch P. MICKEY FITCH 14	Complete Address BOLODES MANLY CREEK PORCES
The general type of business transacted under the Retail Trade	
The name and address to which future correspondence should be addressed: DAUJO FITCH Sugar BEAR + CURTY POBOX 0233 LACIESE TOA	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than #4 above): Same As #4	Phone number (aptional); 2 o 8 2 6 3 (269
	Secretary of Slade use enly

IDAHO SECRETARY OF STATE

95/03/2002 05:00

CK: 7922 CT: 158010 BH: 463461
1 8 20.00 = 20.00 ASSUM NAME # 2