## 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

	To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idah gives notice of adoption of an As	no Code, the undersigned
1.	The assumed business name which the und business is:	
2.	The true name(s) and business address(es) business under the assumed business name  Camille Mame	
3.	The general type of business transacted uncommerce (mark only those that apply)  Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	
4.	The name and address to which future procurespondence should be addressed:  C. Wan KS  902 S. GRauT  PocaTello ID 83204	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		Secretary of State use only  IDAHO SECRETARY OF STATE  06/25/1999 09:00  CK: 138 CT: 117296 BH: 228942
Signatu	ire: Le Hanh	CK: 138 CT: 117296 BH: 228942 1 8 28.88 = 28.89 ASSUM MAME # 2
Printed	Name: Camille Hanks	
Capaci	ty: No prie Tork  (see instruction #8 on back of form)	D 27154