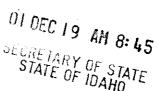


CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

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



NOTE: See instructions on reverse before	re ming.	STATE OF STATE
		STATE OF IDAHO
1. The assumed business name which the und	dersigned	use(s) in the transaction of
business is:		
Housen let & House		
	-	
2. The true name(s) and business address(es) of the entity or individual(s) doing		
business under the assumed business name	∋:	
<u>Name</u>		Complete Address
	Po	130V 1204
HORIZON ART + FLOCKING Donna M HOFFMAN	MCC	1h TD 83638
370RIZON HRIFFROERING	- 19/ - C-4	Stakto Ct.
Donna M HOFFMAN	376	
The general type of business transacted under the assumed business name is:		
Retail Trade Transportation	n and Pub	olic Utilities
Wholesale Trade Construction	f	
Services Agriculture		Submit Certificate of
☐ Manufacturing ☐ Mining		Assumed Business
Finance, Insurance, and Real Estate		Name and \$20.00 fee to:
	,	Secretary of State
4. The name and address to which future		700 West Jefferson
correspondence should be addressed:	ļ	Basement West
20 Bm/ 12411		PO Box 83720
MCCall ID 83638		Boise ID 83720-0080
MCCARL, LD 03638		208 334-2301
		Di a a a da da da da a Di
5. Name and address for this acknowledgm	ent	Phone number (optional):
COPY is (if other than # 4 above):		
a. C. Rouh		
Docas and Ato +		Secretary of State use only
900 11. 21 22/02		
11/0/01/ COL 50/230	. p65	
o material market	maker 100	
Signature: Amar M. Africa.	bn for	
Printed Name: Donna M. HOFFMAN	formstabn format Revised 01/2001	IDAHO SECRETARY OF STATE 12/19/2001 05:00
Conscitut A	g:\corp/orms\abn.p65 Revised 01/2001	CK: NO CK # CT: 154774 BH: 435442
(see instruction #8 on back of form)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1 6 20.00 = 20.00 ASSUM NAME # 2
(See Instruction 4 o on pack of form)		D50577
	-	$ u$ \cup 0 \circ \prime \prime