

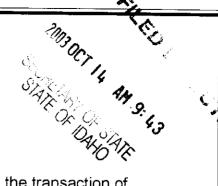
CERTIFICATE OF ASSUMED BUSINESS NAME

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.

(see instruction # 8 on back of form)



069674

	10 K
1. The assumed business name which the unders	igned use(s) in the transaction of
business is:	
LASER LINES	
The true name(s) and business address(es) of the second s	the entity or individual(s) doing
business under the assumed business name:	
Name	Complete Address
DT HAUSEN ENTERPRISES LIC	P.O. Box 1906
W24026	23 11 TH AVE. SOUTH
	AMPA, LD 83687-1906
3. The general type of business transacted under	the assumed business name is:
71	and design and partitions have
Retail Trade Transportation and	I Public Utilities
Wholesale Trade Construction	
Services Agriculture	
	Submit Certificate of
	Assumed Business Name and \$25.00 fee to:
Finance, Insurance, and Real Estate	Name and \$25.00 fee to.
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
, , , , , , , , , , , , , , , , , , ,	Basement West
DT HANSEN ENTERPRISES LLC	PO Box 83720
PO.BOX 1906	Boise ID 83720-0080 208 334-2301
123 11 TH AVE SOUTH	206 334-2301
NAMPA, ID 83687-1906	5
Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above).	
	Secretary of State use only
	Secretary or State use only
2/ 2/ Indeed	
Signature: Signature required: Signature required: Printed Name: Don Hansen Capacity/Title: Owner	88
Printed Name: Don Hansen	IDAHO SECRETARY OF STATE 19/14/2993 95:99
A THE STATE OF THE	10/14/2003 05:00 CK: 1144 CT: 158010 BH: 706317
Capacity/Title: OWNER	1 P 25.00 = 25.00 ASSUM NAME # 2