Capacity: FACSING

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse DEFFECTIVE DEC 22 11 47 A To the SECRETARY OF STATE, STATE OF IDAHO

	Pursuant to Section 53-504, Ida gives notice of adoption of an As			
1.	The assumed business name which the undersigned use(s) in the transaction of the business is: DRICK CIEN DIS KO, the GREAT American Decurre			
_			1	
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:				
	Northerst Burny Jac 801 Main St. St 107			
	C 80955	ise, 10 83702		
3	The general type of business transpoted up	dor the good me	d business name in	
 The general type of business transacted under the assumed busines (mark only those that apply) 			d business name is:	
•	Retail Trade	·	cortation and Public Utilities ce, Insurance, and Real Estate	
4.	The name and address to which future Phone number (optional): 343-34576 correspondence should be addressed:			
	Northwest Beaney Dec 801 May St Ste 107	A	ubmit Certificate of ssumed Business	
	Baise ID 83703		ame and \$20.00 fee to: ecretary of State	
5.	Name and address for this acknowledgmer copy is (if other than # 4 above):	70 B P	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
		68/3	Secretary of State use only DAHO SECRETARY OF STATE	
Signatu	ire: Molecular	Revision 12/98	/22/2000 09:00 2482 CT: 73859 BH: 368542	
Printed		1 6	28.68 = 26.88 ASSUM NAME # 2	

1) 41361