T SEA.	
CERTIFICATE OF ASS (Please type or print legibly	UMED BUSINESS NAME
To the SECRETARY OF STATE, STA	TATE OF IDAHO 01 MAY -2 PM 3: 07
a a a a a a a a a a a a a a a a a a a	I MSSUMED BUSINESS Nama
The assumed business name which the business is:	undersigned use(s) in the transaction of
11	
- Dreamerguide	
2 The true name(s) and hustings	
The true name(s) and business address business under the assumed business n	(es) of the entity or individual(s) doing name is/are:
<u>Name</u>	Complete Address
Amy K. Burkhalter	1919 N. Beach St.
	Paice 11 Comme
	DOISE, 12 83706
3. The general type of business transacted (mark only those that apply)	under the assumed business name is:
Retail Trade	Finance, Insurance, and Real Estate
4. The name and address to which future	Phone number (optional):
correspondence should be addressed:	
1.0.00x 3727	Submit Certificate of
Boise Id 83705	Assumed Business
7 3. 3 70 0	Name and \$20.00 fee to:
	Secretary of State
Name and address for this acknowledgme	700 West Jefferson
COpy is (if other than # 4 above):	Basement West PO Box 83720
	Boise ID 83720-0080
1919 N. Bocal 51	208 334-2301
Doing To Deat M ST.	Secretary of State use only
DUISE, 12 83706	IDAHO SECRETARY OF STATE
Signature: Amy Burkhatta	© 05/02/2001 09:00 CK: none CT: 145848 BH: 394707
Printed Name: Amy Burkhalter	1 0 20.00 = 20.00 CURRENCY # 1 1 0 26.00 = 20.00 ASSUM NAME # 2
Capacity: Sole proprietor	la samuri
(see instruction # 8 on back of form)	95d uderswundt