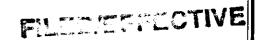


CERTIFICATE OF ASSUMED BUSINESS NAME



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.

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	assumed business name which the und	lersigne ムークィ		
2. The busi	true name(s) and <u>business</u> address(es) ness under the assumed business name:	of the e	(/	
	Mame Mariel Foster	P.C G 100	Complete Address D. Box 277 Asle Fel S3C16 To Houseshireberd Rel	<u></u>
3. The	general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate			
	name and address to which future espondence should be addressed:		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
	me and address for this acknowledgmer by is (if other than #4 above):	nt	Phone number (optional): (208)(02-0278	
			Secretary of State use only	
Signature:_ Printed Nar Capacity/Ti		corptomstabn formstabn,p65 Revised 12/2001	IDAHO SECRETARY OF STAT 04/25/2002 05: CK: 1553 CT: 158010 BH: 4 1 0 20.00 = 20.00 ASSUM N	: 99 61585

(see instruction #8 on back of form)

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