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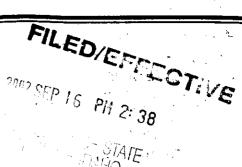
Capacity/Title:

(see instruction #8 on back of form)

## CERTIFICATE OF SVEN SIRE **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.



YJT324

NOTE: See Instructions on reverse belove minig.	ANGO PER SE
The assumed business name which the undersigned business is:      \[ \sum_{\text{ITAL}} \text{TAL} \]	ed use(s) in the transaction of
2. The true name(s) and business address(es) of the elbusiness under the assumed business name:  Name  C 129 704  Bo	Complete Address
3. The general type of business transacted under the    Retail Trade	
Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:    WIR!   TALITY   JUNE MAIN ST. Ste 100   Boise, ID. 83707	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional):
	Secretary of State use only
Signature: Lagrae Thomas Son Canacity/Title: 8EC.	IBAHO SECRETARY OF STATE  99/16/2002 05:00  CK: 18281 CT: 158818 BH: 488483 1 8 28.88 = 28.88 ASSUM MANE N 2