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CERTIFICATE OF ASSUMED BUSINES (Please type or print legibly. See instructions on re-	
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the unde gives notice of adoption of an Assumed Business I	98 DEC 28 AM 8: 5 rsigned Name: STATE OF STATE Name: STATE OF IDAHD
 The assumed business name which the undersigned usiness is: <u>Di's</u> ENTERPRISES 	use(s) in the transaction of
 The true name(s) and business address(es) of the entibusiness under the assumed business name is/are: 	ity or individual(s) doing
<u>Name</u> <u>DiANE D. Robinson</u> 763Sie William D. Robinson 763Sie	
 The general type of business transacted under the ass (mark only those that apply) 	sumed business name is:
Wholesale Trade Agriculture Fi X Services Construction M	ransportation and Public Utilities inance, Insurance, and Real Estate lining
4. The name and address to which future Phone numb correspondence should be addressed: <u>D1's Externalses</u>	er (optional):
P.O. Bux 244	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Spirit LAKe, Id 83869 5. Name and address for this acknowledgment copy is (if other than # 4 above): <u>Fiest Security BANK of IC</u> ,	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
P.O. Box 157 RATLARUM Jd. 83858	SUMMERSERSTARE OF STATE
Signature:_ Alane Al. Kabuison	12/28/1998 09:00 CK: 366276694 CT: 85377 BH: 173448 18 28.00 = 28.00 ASSUN NAME 1 2 D2(352
Printed Name: DIANE D. ROBINSON	J. A. U.S.
Printed Name: DIANE D. NOBINSON Capacity: OWNER (see instruction # 8 on back of form)	

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