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CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. STATE OF IDAHO 1. The assumed business name which the undersigned STATE OF IDAHO	
1. The assumed business name which the undersigned use(s) in the transaction of business is:	- Jan
 The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: 	
Starry Lynette Smith Po Box 852	
3. The general type of business transacted under the assumed business name is:	
Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estat Services Construction Mining	te
4. The name and address to which future Phone number (optional):	
Fo Box 85Z Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State	
Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
Secretary of State use only IDAHO SECRETARY OF STATE U//26/2000 09:00	<u>L</u>
Signature: & CX: 118 C7: 133984 RH: 336361	

Printed Name: Smith

(see instruction # 8 on back of form)

Capacity:_

1 8 20.00 = 20.00 ASSUM NAME # 2

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