	CERTIFICATE OF ASSUMENTS (Please type or print legibly. Second to the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Ida gives notice of adoption of an Assuments (Please type or print legible).	See instructions on reverse.  ATE OF IDAHO 13 PM 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
1.	The assumed business name which the unbusiness is:  Wild Rose Decover	ndersigned use(s) in the transaction of
2.	The true name(s) and business address(e business under the assumed business na Name	es) of the entity or individual(s) doing time is/are: <u>Complete Address</u>
	Bryan and Mindy StosicH.	1120 Bower, Idaho Falls, Idaho 83404
<b>3</b> .	(mark only those that apply)  Retail Trade	ing Transportation and Public Utilitles  Finance, Insurance, and Real Estate
5	1/20 Bower Dr  Tduko Falls Idako  83404  Name and address for this acknowledgm copy is (if other than #4 above):	Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
rinte	ed Name: BRYAN D. STOSICH city: DENNER	Secretary of State use only IMMO SECRETARY OF STATE  87/14/1998 899 888  CX: 2838 CT: 101415 Mi: 127653  1 9 20.00 = 20.00 ASSUM NAME  80.00

(see instruction # 8 on back of form)