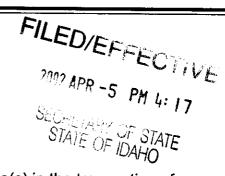


Capacity/Title: Hesidan

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.



	STATE OF IDAHO
1. The assumed business name which the business is:	
Gone Mad Enterp) Ryses
2. The true name(s) and <u>business</u> address business under the assumed business n Name Mewchace	S(es) of the entity or individual(s) doing name: Complete Address 9685 W. Coleen Dr. Boise Tele 83709
3. The general type of business transacted	d under the assumed business name is:
Retail Trade	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
	Secretary of State use only
Signature: /// Al man	D53637
26	100 100
Printed Name: Kafas L. Menchaca	CK: 2084 CT: 158010 BH: 457345