CERTIFICATE OF ASSUM (Please type or print legibly. S	MED BUSINESS NAME FOR IDAHO
Pursuant to Section 53-504, Ida gives notice of adoption of an As	ho Code, the undersigned to the same of th
1. The assumed business name which the un business is: A He ping Hand	dersigned use(s) in the transaction of
2. The true name(s) and business address(est business under the assumed business name Name	S) of the entity or individual(s) soing on the is/are: Complete Address AND AND ACCEPTAGE BOTO S3
3. The general type of business transacted un	A S
Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4. The name and address to which future Pl correspondence should be addressed:	hone number (optional): 362-2180
Michelle Jackson 4830 Arrawhead wy	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgment copy is (if other than # 4 above):	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 109/15/2000 09:00 CK: 128 CT: 136819 BH: 348469
Signature: Melelle Jackson	O9/15/2000 09:00 CK: 128 CT: 136819 BH: 348469 1 8 20.90 = 28.80 ASSUM NAME # 2
Printed Name: Michelle Jackson	
(see instruction # 8 on back of form)	D 39008