CERTIFICATE OF ASSUMED BUSINESS FAMEFFECTIVE (Please type or print legibly. See instructions on reverse.)	
To the SECRETARY OF STATE, STATE OF IDAHO Aug 24 4 07 PN '00 Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name CRETARY OF STATE, STATE OF IDAHO	
1. The assumed business name which the undersigned use(s) in the <b>transaction</b> of <i>TE</i> business is: <i>Nochera Design</i>	
NOCHERA DESIGN	
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: <u>Name</u> <u>Complete Address</u> <u>MARY Mochera PLANINGHER AKA</u> <u>214 W. DAVENPORT DR MERIDIAN TO 8</u> 3642	
MARY NOCHERA PLANINGHER AKA. 2140	N. DAVENPORT DR MERIDIANLO83642
MARY ELLEN NOCHERA	
<ol> <li>The general type of business transacted under the assumed business name is: (mark only those that apply)</li> </ol>	
Retail Trade     Manufacturing     Wholesale Trade     Agriculture	Transportation and Public Utilities Finance, Insurance, and Real Estate
Services Construction	Mining
<ol> <li>The name and address to which future Phone n correspondence should be addressed:</li> </ol>	number (optional):(208) 846-9321
NOCHERA DESIGN	Submit Certificate of
	Assumed Business
214 W. DAVENPORT DR	Name and <b>\$20.00</b> fee to:
MERIDIAN ID 83642	Secretary of State
	700 West Jefferson
5. Name and address for this acknowledgment	Basement West
COPY IS (if other than # 4 above):	PO Box 83720 Boise ID 83720-0080
MIARY NOCHERA	208 334-2301
MARY NOCHERA 214 W. DAVENPORT	
	Secretary of State use only IDANO SECRETARY OF STATE
Signature: Min Mochar Planinshik	<b>38/24/2000 09:00</b> CK: CASH CT: 135195 BH: 343711
Signature: ////////////////////////////////////	1 @ 20.00 = 20.00 ASSUM NAME # 2
Printed Name: <u>MARY NOCHERA PLANINSHER</u> Capacity: <u>PROPRIETOR</u> (see instruction # 8 on back of form)	
Capacity: PROPRIETOR	D 38433
(see instruction # 8 on back of form)	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~