## CERTIFICATE OF ASSUMED BUSINESS NAME 98.18N-5 AM 8:39

98 JAN -5 AM 8= 39

	Pursuant to Section 53-504, option of an Assumed Business	Idaho Cod	e, the under	sign <b>ed gives notice of</b> TE STATE OF IDAHO	
1.	The assumed business name which the undersigned use(s) in the transaction of business is:				
	ESCAPADE TRI	UEL		<u> </u>	
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>Address</u>		
	WILLIAM + MARCIA	WFHOLM	1144	SAHANA ST.	
			101+HO FI	ALLS, 10 83404	· ·
3.	The general type of business transacted under the assumed business name is:				í
	TMA() FE (9) See categories on the reverse				ļ.
4.	The name and address to which william LOFHOL  1144 SAHARA ST.	m		- <del> </del>	
		- 6	OWNE		
	Submit Certificate of Assumed Business Name and \$20.00 fee to:		Customer#		
	Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080		Revision 10,96	IDANO SELVERAN STRUSTURE ONLY  01/05/1998 09:00  CX: 715 CT: 92882 BH: 69580  1 2 20.80 = 28.88 ASSUM NAME	