(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED (Please type or print legibly. See instr	BUSINESS NAME EFFECTIVE Tuctions on reverse FILES
To the SECRETARY OF STATE, STATE Of Pursuant to Section 53-504, Idaho Cogives notice of adoption of an Assume	FIDAHO ode the und ² . 2004 SEP i.6. A
1. The assumed business name which the ւ business is:	
2. The true name(s) and business address(e business under the assumed business na	es) of the entity or individual(s) doing ame is/are:
<u>Name</u>	Complete Address
Mike Seniff Michelle Seniff	11599 W. Trinity Nampa ID. 8365
3. The general type of business transacted usiness transacted usiness transacted usiness transacted usiness transacted usiness. Retail Trade	ng Transportation and Public Utilities Finance, Insurance, and Real Estate
MIKE SENTE 11599 W. TRINITY AME NAME NAME 5. Name and address for this acknowledgment copy is (if other than # 4 above):	Submit Certificate of Assumed Business Name and \$20.00 fee to: 25.00 Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature Juney Juney	Secretary of State use only
Printed Name: MICHELLE SENSE	IDAHO SECRETARY OF STATE 99/16/2004 05:00 CK: 2299 CT: 158010 BH: 766385 1 0 25.00 = 25.00 ASSUM MANE # 2
Capacity: M. K. Source	A CA-MA CA-MA CO. MA ASSIM HOME # 5

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