FILED/EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
(Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.	
1. The assumed business name which the business is:	undersigned use(s) in the transaction of 70 1/2
The true name(s) and business address(business under the assumed business na Name	es) of the entity or individual(s) doing ame is/are: <u>Complete Address</u>
ANTONIJA (TONI) LERH	908-MORTON DR. TWIN FALLS, T.D 8330/
3. The general type of business transacted under the assumed business name is: (mark only those that apply)	
Retail Trade Manufacturi Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate Mining
4. The name and address to which future correspondence should be addressed: ANTONITH (TONI) LERH 908- HORTON JRIVE TWIN FAKKS, TJ & 330/	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgme copy is (if other than # 4 above):	Secretary of State 700 West Jefferson ent Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: Hale 5	Z IDANO SECRETARY OF STATE
Printed Name: #XTOXIJH (TOXI) LER+) Capacity: SOLE PROPRIETOR	16/19/2000 09:00 CK: 1192 CT: 137465 DH: 355468 1 P 20.00 = 20.00 ASSUM NAME # 2
(see instruction # 8 on back of form)	1 9 20.00 = 20.00 ASSUM HAME # 2