	CERTIFICATE OF ASSU (Please type or print legibly.	JMED BUS See Instruction	SINESS NAME ns on reverse.)
	To the SECRETARY OF STATE, ST Pursuant to Section 53-504, In gives notice of adoption of an	daho Code, the	undersigned
1.	The Pitts-Race Day Appare		
2.	The true name(s) and business address(es) of the entity or individual(s) doing ousiness under the assumed business name is/are:		
	Name	Complete Address	
	Christopher Gardner	1311 Elder St. nampa Id 83080	
	Thelly bardner	1311 Eld	er St Nampa Id 83686
3.	3. The general type of business transacted under the assumed business name is: (mark only those that apply)		
	Retail Trade	Fin	insportation and Public Utilities ance, Insurance, and Real Estate aing
4.	The name and address to which future Phone number (optional): 465-5548 correspondence should be addressed:		
	1311 Elder St		Submit Certificate of Assumed Business
			Name and \$20.00 fee to:
	nampa Id 83108/0		Secretary of State 700 West Jefferson
5.	Name and address for this acknowledgm copy is (if other than # 4 above):	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
		8	Secretary of State use only IBAHO SECRETARY OF STATE
Signatu	re: Shelly Hardner	Paralicin	03/03/1998 09:00 CK: 1686 CT: 95093 BH: 87039
Printed	ne: Shelly Gardner Name: Shelly Gardner	99d v	1 8 29.88 = 29.86 ASSUM NAME 012632

Capacity: General Partner.

(see Instruction # 8 on back of form)