	CERTIFICATE OF ASSUM (Please type or print legibly. Se	IED BUS e instructions	
	To the SECRETARY OF STATE, STATE  Pursuant to Section 53-504, Idah  gives notice of adoption of an Ass	o Code, the u	indersianed ' 53 [1] 'S
	e assumed business name which the und siness is:  L.R. or W. m YASS	lersigned use	(s) in the transaction of TE
2. Th	e true name(s) and business address(es) siness under the assumed business name	e is/are:	
[i	Dancela m Wages L	3674 (	plete Address altu Rd. Culdwar Sel 83605
			and business name is:
3. Th	ne general type of business transacted un (mark only those that apply)	der the assur	ned business name is:
	Retail Trade	Fina	_
	ne name and address to which future Plarrespondence should be addressed:	hone number	(optional): 208-459-0441
L-	anceto Wages	,	Submit Certificate of Assumed Business Name and \$20.00 fee to:
	ame and address for this acknowledgmen	4 , <b>t</b>	Secretary of State 700 West Jefferson Basement West PO Box 83720
	Roc W. m Associate	•	Boise ID 83720-0080 208 334-2301
	aldevell, Id 83605	8	Secretary of State use only  IBAHO SECRETARY OF STATE
 Signature		Revision 1/98	07/23/1999 09:00 (: CASH CT: 118375 BH: 236389
1) 10 10 11 11 100			1 8 28.08 = 28.08 ASSUM MANE # 2
Capacity:		orp/forms/abn. p65	D 27866
	(see instruction # 8 on back of form)	1 8	