CERTIFICATE OF ASSUMED BUSINESS NAME

10	Pursuant to Section 53-504, I		gives notice of
ad	option of an Assumed Business N		STATE OF IDANO
1.	The assumed business name which the undersigned use(s) in the transaction of business is:		
	Data Development & Design		
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>\ddress</u>
	Rose M Ariwite	P.O. Box 642, Fort H	all, ID 83202
3.	The general type of business transacted under the assumed business name is:		
	Service		
	See categories on the reverse		
			1
	The name and address to which correspondence should be addressed:		
	Rose M Ariwite, P.O. Box 642, Fort Hall, ID 83202		
	Signed Lase M. A.		
		Ву	
		Capacity Luner	
	Submit Certificate of Assumed Business Name and \$20.00 feet	Customer#	
	business name and \$20.00 lee		cretary of State use only
	Secretary of State	800	AND SECRETARY OF STATE
	700 West Jefferson	₽	
	PO Box 83720	g CK: MC	/03/1997 09:00 CHK (CT: 86626 BH: 35122
	Boise ID 83720-0080	g 10	20.00 = 20.00 ASSUM HAME
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