CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Ida gives notice of adoption of an A 1. The assumed business name which the ur	tho Code, the undersigned \$6 AHIO: 29
The assumed business name which the ur business is: The assumed business name which the ur business is: The assumed business name which the ur business is: The assumed business name which the ur business is: The assumed business name which the ur business is:	<i>***ig</i>
The true name(s) and business address(es business under the assumed business name	s) of the entity or individual(s) doing ne is/are:
TERI RATHER	Complete Address V.O. Box 820
	448 OAKST. CASTLEFORD, IDD 83321
3. The general type of business transacted under the assumed business name is:	
Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
The name and address to which future correspondence should be addressed: Phone number (optional):	
P.O. BOX 820 448 OAKST	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
signature: New Rath	1DAHO SECRETARY OF STATE 61/26/2600 69:00 CK: 1700 CT: 125768 BH: 204525
rinted Name: TERI RATHER	1 8 28 88 - 29 00 000
(see instruction # 8 on back of form)	D 32509
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