CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) FILED

<b>1</b>	Pursuant to Section 53-504, Ida gives notice of adoption of an A	laho Code, the <b>9@@E(sipped)</b> 8: 4,6 Assumed Business Name
1.	The assumed business name which the u business is:  \$\int ARA - Dice Limousia	SECRETARY OF STATE undersigned use(s) indersigned use(s) in the transaction of
2.	The true name(s) and business address(e business under the assumed business na Name	, , , ,
	Troy E. HulsE Lynette E. HulsE	495 CLIFFORD Blackfoot Id 83221
3.	The general type of business transacted under (mark only those that apply)	under the assumed business name is,
	Retail Trade Manufacturir Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
4.	correspondence should be addressed:	Phone number (optional):
	495 Clifford Blackfoot	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 Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
nati	ire: Leof E. Hale	Secretary of State use only  IDAHO SECRETARY OF STATE  12/18/1998 69:00  CX: NO CX II CT: 186326 BN: 171464

Sigr

Printed Name: Troy E. Huls E

Capacity: OWNER

(see instruction #8 on back of form)

1 8 20.88 = 26.88 ASSUM HAME # 2

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