Capacity: OWNER

CERTIFICATE OF ASSU (Please type or print legibly.	MED BUSINESS NAME See Instructions on reverse
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned OF STATE gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of	
business is: Nird AlazM	indersigned use(s) in the transaction of
The true name(s) and business address(e business under the assumed business name Name	
Brian KNIGHT	2505W. ORCHARD AND UAMBA, TO, 82651
3. The general type of business transacted under the assumed business name is:	
Retail Trade Manufacturi Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
correspondence should be addressed:	Phone number (optional):
2505 W. ORCHAND	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
	Secretary of State use only
Printed Name: 21AV (6/47) Capacity: UNER (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 95/21/2002 05:00 CK: CASH CT: 158010 BH: 467136 1 8 20.00 = 20.00 ASSUM NAME # 2
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