To the SE	FICATE OF ASS Please type or print legible CRETARY OF STATE, resuant to Section 53-504 es notice of adoption of a business name which the	STATE OF IDAHO , Idaho Code, the an Assumed Busi	Ons on reverse.) One on reverse.) United the second
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:  Name  Complete Address			
Sandy	E. Mongan	4917 E. ( Hayden	Lake ID 83835
3. The general type of business transacted under the assumed business name is:  (mark only those that apply)  Retail Trade  Manufacturing  Transportation and Public Utilities  Wholesale Trade  Agriculture  Finance, Insurance, and Real Estate  Services  Construction  Mining			
4. The name and address to which future Phone number (optional): 208-772-9342 correspondence should be addressed:  When tain (16st Attorner Service Continue)			
49/7 E. ( Hayden 5. Name and add copy is (if other th	Lake ID 8  Tress for this acknowledge	12 Rd 3835 gment	Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Q 1111	Revision 12/99	Secretary of State use only
Signature: Jang C. Wonga			
Printed Name:			

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