CERTIFICATE OF ASSUMED BUSINESS NEWED

To	the SECRETARY OF STATE, S' Pursuant to Section 53-504,			aned aives notice of
ad	option of an Assumed Business I		, die dilucial	98 SEP -4 AM 11: 14
1.	The assumed business name which the undersigned use(s) in the transposition of the Transposition of Experience			
2.	The true name(s) and business business under the assumed business business under the assumed business and business business under the assumed business under the assumed business busin	siness nam	e is/are:	or individual(s) doing Address ann Lane Sagle ID 838
3.	The general type of business tra	ansacted un	der the assu	med business name is:
4.	The name and address to which correspondence should be addressed: The Tippin' R. Experience 415 Wild FAWN LANE SAGLE, ID 83860			
		Ву <u>Гул</u>	chael R. DWNER	Ray Hatsy K. Kay
	Submit Certificate of Assumed Business Name and \$20.00 fee	to:	Customer#	Santage of Pres was asky
	Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080		Caspitonstan park Resistan 10704	Secretary of State use only IBAHO SECRETARY OF STATE 89/84/1998 89:88 CK: 1593 CT: 103620 BH: 142735 1 0 20.00 = 20.00 ASSUM HAVE

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