

CERTIFICATE OF ASSUMED BUSINESS NAME FECTIVE JULE 1

Pursuant to Section 53-504, Idaho Code Le submits for filing a certificate of Assumed Bus	sinner Name
Please type or print legibly. NOTE: See instructions on reverse before	ofiling.
1. The assumed business name which the under business is Son Liver Front Be	ersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name	of the entity or individual(s) doing Complete Address
INTERNATIONAL HOUSE OF TRAVER FIX.	F.O. Box 488-816 SHEPHEROKO. St. Maries ID 83861
3. The general type of business transacted under the last of the l	er the assumed business name is: and Public Utilities 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
Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208-245-2443
	Secretary of State use only
Printed Name:	IDAHO SECRETARY OF STATE OBS. 16/16/2003 05:00 CK: 2336 CT: 179814 BH: 686179 1 9 25.00 = 25.00 ASSUM NAME 1 2
	V 40572