CERTIFICATE OF ASSUMED BUSINESS NAME, Please type or print legibly. See instructions on reverse.)	
To the SEGRETARY OF STATE, STATE OF IDAHO  Pursuant to Section 53-504, Idaho Code, the undersigned JUN 12 AUTO Grant Processing Control of State of	
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
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	
ELIZABETH JOYES	PO BOX 6369 Kozdum 17 83340
The general type of business transacted under the assumed business name is:     (mark only those that apply)	
Retail Trade	Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed:	Phone number (optional):
Po Box 6369	Submit Certificate of Assumed Business Name and \$20.00 fee to:
KETCHUM, IT 33340  5. Name and address for this acknowledgme copy is (if other than # 4 above):	Secretary of State 700 West Jefferson ent Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only  IDANO SECRETARY OF STATE  86/28/2666 69:66
Signature: linalut	06/28/2000 69:00 CK: 1972 Cf: 132945 BH: 329894 1 @ 28.08 = 28.00 ASSUM HAME # 2
Printed Name: Elizabeth Jones	99d v
Capacity: Orcs (den + (see instruction # 8 on back of form)	58d 10009 D 37009