CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

FILED

To the SECRETARY OF STATE STATE OF IDAHO

Pursuant to Section 53-504, Ida gives notice of adoption of an A	aho Code, the undersigned
 The assumed business name which the u business is: 	ndersigned use(s) in the transaction of
LAS ENTERPRISES	\$ 5EO 10
2. The true name(s) and business address(e business under the assumed business name Name Linda Cocol Williams	cs) of the entity or individual(s) doing = me is/are: Complete Address 2627 2nd St. So Set. No mas IONS 686
O Company Comp	ABOUT ANA SE JOOSE No mpt. 12 33 61 6
The general type of business transacted u (mark only those that apply)	inder the assumed business name is:
Retail Trade	Finance, Insurance, and Real Estate
correspondence should be addressed:	Phone number (optional) (208) 442 - 005/
Linda C. Williams 2627 2ndSt. So Ext.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Name and address for this acknowledgme copy is (if other than # 4 above):	Secretary of State 700 West Jefferson nt Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature: Linda C. Williams	Secretary of State use only IDAHO SECRETARY OF STATE 5
	1 0 20.00 = 20.00 ASSUM NAME
Printed Name: LINDA C. Williams	\$6 \$4
Capacity: Owner (see instruction # 8 on back of form)	0 17336