27			FILED
N	CERTIFICATE ASSUMED BUSIN Pursuant to Section 53-504, Idaho submits for filing a certificate of Ass Please type or print leg OTE: See instructions on revers	Code, the under sumed Business (ibly.	signed (1997) Name.
	assumed business name which ness is: Stady R	the undersigne	ed use(s) in the transaction of
busir	rue name(s) and business addr less under the assumed busines Name T. Johns Proper- C 120830	ss name:	entity or individual(s) doing Complete Address 2600 A.E.Scit 4 184, RSTFallST 831
	Retail Trade Transpo Wholesale Trade Constru Services Agricult Manufacturing Mining Finance, Insurance, and Real E ame and address to which futur	rtation and Pu oction ure State	
5 26	spondence should be addressed - Jhns In Arth CA E Sciticula OST Facilis In 6	15 TNC AY #184 3854	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
	e and address for this acknowle IS (if other than # 4 above):	agment	
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Signature Printed Nam Capacity/Titl	Dave	er Noorpillormischin (armshahn p65 Revend 04/2003	IDAHO SECRETARY OF STI 01/03/2005 05 CK: 1093394 CT: 86682 BH 1 0 25.00 = 25.00 ASSUM
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