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

To the SECRETARY OF STATE STATE OF IDAHO

VE TO	Pursuant to Section 53-504, Id	daho Code, the undersigned
		undersigned use(s) in the transaction of
bu	usiness is:	Service P.
***********	PCM Enterprise	The service of the se
	ne true name(s) and business address(outliness under the assumed business na	name is/are:
سمية	Name	Pn B 165
_(	Chelsea Carlson	3355 N. Five Mile Rd.
_	Patricia Callow	Boise ID 83713-3925
3. Th	ne general type of business transacted (mark only those that apply)  Retail Trade Manufacturi	ring  Transportation and Public Utilities
•	Wholesale Trade Agriculture Services Construction ne name and address to which future	Finance, Insurance, and Real Estate
со	rrespondence should be addressed:	
	PCM Enterprise  PMB 165  1358 N. Piva Mile Rd.  Boiso, TO 83713-3935	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson
	ame and address for this acknowledgme py is (if other than # 4 above):	PO West Jenerson  Basement West  PO Box 83720  Boise ID 83720-0080  208 334-2301
		SASSED SECULO STATE OF STATE
	Chelsea Caston (gen. pr.)	Ø8/13/1999 Ø9:00 CK: 176 CT: 119282 BH: 242872
Signature:	(Meldea (allon (gen.pr)	1 P 20.00 = 20.00 ASSUM MANE # 2
Printed Name: Chelsea Carlson		
Capacity:	General Partner	lormstabn. p66
	(see instruction # 8 on back of form)	le Noulli

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