227	FILED/EFFECTIV
CERTIFICATE OF ASSU (Please type or print legibly.	See instructions on reverse )
Pursuant to Section 53-504, Ida gives notice of adoption of an A	aho Code, the undersigned AF 10 AHU Assumed Business Name.
<ol> <li>The assumed business name which the u business is:</li> </ol>	indersigned use(s) in the transaction of
PART-TIME R4D	, , , , , , , , , , , , , , , , , , ,
<ol><li>The true name(s) and business address(e business under the assumed business na</li></ol>	es) of the entity or individual(s) doing me is/are:
Name CHARLES T. GROSWITH	Complete Address Suite D, PMB 261
	121 W. PRAIRIE AVE.
	HAYDEN, ID 83835
The general type of business transacted u (mark only those that apply)	inder the assumed business name is:
☐ Retail Trade ☑ Manufacturir ☐ Wholesale Trade ☐ Agriculture ☑ Services ☐ Construction	Finance, Insurance, and Real Estate
<ol> <li>The name and address to which future is correspondence should be addressed:</li> </ol>	Phone number (optional): 208/762-5992
CHARLES T. GROSWITH, PRESIDENT PART-TIME R&D SUITE D, PMB 261 121 W. PRAIRIE AVE. HAYDEN, TD 83835 5. Name and address for this acknowledgment copy is (if other than #4 above):	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
Signature: Charles J. Thoswith	Secretary of State use only

Printed Name: CHARLES T. GROSWITH

(see instruction # 8 on back of form)

Capacity: PRESIDENT

IDAHO SECRETARY OF STATE

01/16/2002 05:00

CK: 1526 CT: 155838 BH: 448585
1 0 20.00 = 20.00 ASSUM NAME # 2

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