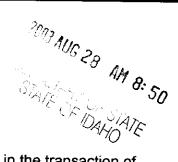


## **CERTIFICATE OF**

ASSUMED BUSINESS NAME
Pursuant to Section 53-504, Idana Code in undersigned submits for filing a confincate of Assumed Business Name.

Please type or print legibleATE



NOTE: See instructions on reverse befo	re filing.
<ol> <li>The assumed business name which the und business is:</li> </ol>	dersigned use(s) in the transaction of
Intercue	
2. The true name(s) and business address(es business under the assumed business name Name  TVESOUVES, THE  C 133 730	of the entity or individual(s) doing le: Complete Address 880E. Franklin, Ste 303 Mevidian, M. 83142
3. The general type of business transacted un	der the assumed business name is:
Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):  208-888-1758
	Secretary of State use only
Signature: Juna Miller  Printed Name: Janva Willer  Capacity/Title: President  (see instruction # 8 on back of form)	IDANO SECRETARY OF STATE 29/04/2003 05:00
(see instruction # 8 on back of form)	CK: 5344 CT: 172745 BH: 699848 1 @ 25.00 = 25.00 ASSUM NAME #