

CERTIFICATE OF ASSUMED BUSINESS NAME



Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

612M21 PN 2:57

Please type or print legibly.

(see instruction # 8 on back of form)

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

2. The true name(s) and business address(ea) of	the entity or individual(s) doing
business under the assumed business name: Name	Complete Address
John Sprin	Meridian ID 83642
3. The general type of business transacted under	r the assumed business name is:
Retail Trade Transportation ar Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: AS Decorative Show Sope 2053 N. O'Course Give	Submit Certificate of 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
5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional):
	Secretary of State use only
ignature: Sha Shi rinted Name: Sha Sha	1DAHO SECRETARY OF STATE

01/21/2003 05:00 CK: CASH CT: 158010 BH: 658026 1 0 20.00 = 20.00 ASSUM NAME # 2