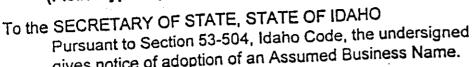
CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)



(see instruction # 8 on back of form)



gives notice of adoption of an Assumed Business Name.	
The assumed business name which the undersigned use(s) business is:	in the transaction of
WOODS FOOKKEEPING	S S In
The true name(s) and business address(es) of the entity or business under the assumed business name is/are: Complete Co	ete Address To I MILLO
Name 14936 Each	are Dr Rabauch 3
	· · · · · · · · · · · · · · · · · · ·
3. The general type of business transacted under the assume (mark only those that apply)	· · · · · · · · · · · · · · · · · · ·
Retail Trade	1100 0030 1111
4. The name and address to which future Phone number (optional):wk'
correspondence should be addressed:	u o viscato of
Lon Woods	Submit Certificate of Assumed Business
14936 Eagle DC	Name and \$20.00 fee to:
Caldwell, Idono 83607	Secretary of State 700 West Jefferson
Name and address for this acknowledgment	Basement West PO Box 83720
copy is (if other than # 4 above):	Boise ID 83720-0080
	208 334-2301
	Secretary of State use only
Revised 287	
Signature: Jou Walls	IDAHO SECRETARY OF STATE 12/12/2002 05:00
Printed Name: <u>LON WOODS</u>	1 8 20.00 = 20.00 ASSUM MANE # 2
Capacity: DWNER	D60653