	CERTIFICATE OF ASSU	MED BUSINESS NAME
	the SECRETARY OF STATE, STATE OF I Pursuant to Section 53-504, Idaho Cod option of an Assumed Business Name.	IDAHO  le, the undersigned gives notice of State
1.	The assumed business name which the unbusiness is:	ndersigned use(s) in the transaction of
2.	The true name(s) and business address(es business under the assumed business name Name RAW LOSTON	
3.	The general type of business transacted un Structure See categories on the reverse	nder the assumed business name is:
4.	The name and address to which corresponded to the second signed of the second signed s	600ding 70 83330
	Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080	Secretary of State use only  Secretary of State use only  IDAHO SECRETARY OF STATE  26/03/2002 95:200  CK: 588575937 CT: 158010 BH: 469122 1 0 20.00 = 20.00 ASSUM MANE # 2

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