CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business SEGRETARY OF STATE of IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: **Bearlooms** **Bearlooms** **Bearlooms** **Bearlooms** **Please type or print legibly) **AME OF IDAHO **Please type or print legibly) **Please type or print legibly **Please type or print l			
		2. The true name(s) and business address(e business under the assumed business na Name Toxi 4. Taylor Toxi 4. Taylor Toxi 4. Taylor Toxi 4. Taylor Toxi 4. Taylor	es) of the entity or individual(s) doing me is/are: Complete Address Po. Boy 1008 Bowners Ferry TD. 83805
		3. The general type of business transacted to (mark only those that apply) Retail Trade	ng
4. The name and address to which future correspondence should be addressed: Toni Taylor Po Box 1008 Bonners Ferry Io. 8386 5. Name and address for this acknowledgme copy is (if other than # 4 above):			
Signature: Journal of the second of the seco	18000-0669EJACK-ANE GSJA-USA 8 03/04/1998 09:00 CK: 5522 CT: 95162 BH: 87584 1 0 20.00 = 20.00 ASSUM NAME		
Printed Name: IGNI TAYLOR	D19680.		
Capacity: MANAGER	49		

(see instruction # 8 on back of form)