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

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 Name

1 The assumed business name which t	the undersigned use(s) in the transaction of
business is:	the dideragned dae(a) in the transaction of
<i></i>	SPOKERS
NORTHWEST /REE	- PRONCING
The true name(s) and business address under the assumed business	ess(es) of the entity or individual(s) doing
Name	Complete Address
CARL RIPPE	P.O. Box 1 Hammett To. 83627-0001
EliZABETH KIPPS	SAME AS ABOVE
3. The general type of business transaction (mark only those that apply) Retail Trade	ture
4. The name and address to which futur correspondence should be addressed P.O. Boy /	re Phone number (optional): 218 366-7405
Hommest Louno	Assumed Business Name and \$20.00 fee to:
8 3627 - 00015. Name and address for this acknowled copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only IDAHO SECRETARY OF STATE

Signature:_

Printed Name:

Capacity: WNER

(see instruction #8 on back of form)

CK: 3927 CT: 73540 BH: 170965

1 8 28.88 = 28.88 ASSUM NAME # 2

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