CERTIFICATE OF ASSUMED BUSINESS NAME

To	the SECRETARY OF STATE, STATE OF I	DAHO 07 1118 25 AT 9: 08	
	Pursuant to Section 53-504, Idaho Cod	e, the undersigned gives notice of	
ad	option of an Assumed Business Name.	SECRETATE OF IDAHO	
1.	The assumed business name which the un	dersigned use(s) in the transaction of	
	business is:		
	Wild Bird Co	pations	
	UIU DIIU CI	CCCTION	
_			
2.	2. The true name(s) and business address(es) of the entity or individual(s) doing		
business under the assumed business name is/are:		ne is/are:	
	Name	Address	
	Jean Bybee Martin	5000 E. COMISH DR.	
		Idaho Falls, ID 83406	
3.	. The general type of business transacted under the assumed business name is:		
	72 Retail Trade &	pervices	
	See categories on the reverse		
	w.		
4.	. The name and address to which correspondence should be addressed:		
	Jean B. Martin 5000 E. Comish DR.		
	10 aho falls, 10 83406		
,		Marile	
	Signed Way De 11 100 for		
	By <u>Danes</u>		
	Capacity		
	Capacity		
	Submit Certificate of Assumed	Customer #	
	Business Name and \$20.00 fee to:		
		Secretary of State use only	
	Secretary of State		
	700 West Jefferson	IDANO SECRETARY OF STATE	
		IDANO SECRETARY OF STATE DATE 06/25/1997	
	PO Box 83720	0500 105441 2	
	Boise ID 83720-0080	CK #: 1350 CUST# 83441	
		E ASSUM NAME 18 20.00= 20.00	
	'	TO 20.00 20.00	
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