## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions FILED/EFFECTIVE To the SECRETARY OF STATE, STATE OF IDAHO Nov 8 12 42 PM 199 Pursuant to Section 53-504, Idaho Code, the undersigned

To the SECRETARY OF STATE, STA	ATE OF IDAHO Nov 8   2 42 PM 190
The assumed business name which the ubusiness is:	indersigned use(s) in the transaction of
ARCHITECTURA ALT	ERNATIVE
2. The true name(s) and business address(e business under the assumed business na  Name  Name	es) of the entity or individual(s) doing me is/are: <u>Complete Address</u> 3/24   K.D. 15 B3700
3. The general type of business transacted u  (mark only those that apply)  Retail Trade	
<ol><li>The name and address to which future F correspondence should be addressed:</li></ol>	Phone number (optional):(200) 342-3125
3124 W Kipunda	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgmen 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
	IDANO SECRETARY OF STATE  11/08/2000 09:00
Signature:	11/08/2000 09:00 CK: 718 CT: 138274 M: 359789
Printed Name:	1 8 29.88 = 28.88 ASSUM HAME # 2
Capacity:	D 40383

(see instruction # 8 on back of form)