Printed Name:

Capacity: Sule Proprietor

(see instruction # 8 on back of form)

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

To the SECRETARY OF STATE, STATE OF IDAHWA JAN 23 AM 9: 32 Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

The assumed business name which the business is:	he undersigned use(s) in the transaction of
<ol><li>The true name(s) and business address business under the assumed business</li></ol>	ss(es) of the entity or individual(s) doing and annual annual annual s
<u>Name</u>	Complete Address
Bill Phillips Debbie Hillips	945 E. Cloverleat Dr. Hayden, ID 83
The general type of business transacte     (mark only those that apply)	ed under the assumed business name is:
Retail Trade Manufact Wholesale Trade Agricultur Services Construct  4. The name and address to which future correspondence should be addressed:	re Finance, Insurance, and Real Estation Mining
945. E. Cloverleaf Dr.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Hayden, ID 83835	
5. Name and address for this acknowledge copy is (if other than # 4 above):  Sume is Welle	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
1 Namo-WWign.	Secretary of State use only

IDAHO SECRETARY OF S @1/23/2003 @ CK: 1783 CT: 158010 BH 1 0 20.00 = 20.00 ASSL

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