CERTIFICATE OF ASS (Please type or print legibly	SUMED BUSINESS NAME y. See instructions on reverse.) STATE OF IDAHO Idaho Code, the undersigned n Assumed Business Name.
To the SECRETARY OF STATE, S Pursuant to Section 53-504, gives notice of adoption of a	Idaho Code, the undersigned n Assumed Business Name.
The assumed business name which the business is:  Agate Power	e undersigned use(s) in the transaction of the tran
2. The true name(s) and business address business under the assumed business  Name  Name  Agres	, ,
	Borse, 1d 83705
3. The general type of business transacted (mark only those that apply)  Retail Trade	uring
4. The name and address to which future correspondence should be addressed:  Diane Ayres  1077 S. Garden PL  Boise, 1d 83705	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledge copy is (if other than # 4 above):	PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature: Olym	Secretary of State use only  IDAHO SECRETARY OF STATE  65/36/2660 69:60  CX: 2619 CT: 131699 BH: 321632  1 8 28.98 = 28.98 ASSUM NAME # 2
Printed Name: Diane Ayres  Capacity:	-   See

(see instruction # 8 on back of form)