

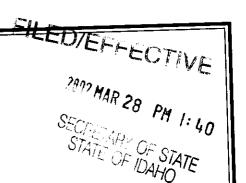
Capacity: Pantner

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

--- type or print legibly.



Please type or print legibly.	VATE OF STATE
NOTE: See instructions on reverse before filing.	OF ATE OF STATE
1. The assumed business name which the undersigned business is: The Suffocation Keep	
2. The true name(s) and business address(es) of the ent business under the assumed business name: Name Sherman Scott Beazer (501 W) Brett Nelson (105 N) Jon Mallin 3110 3. The general type of business transacted under the a	Complete Address Fort # 1; Boise, ID 83702 1. Haven Cove, Menidian ID 83642 N. 36th; Boise, ID 83703
Retail Trade	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
COPY is (if other than # 4 above):	208-331-8307
	Secretary of State use only
Signature: Shr man Beazer Brinted Name: Shr man Beazer	D 5 3379 IDAHO SECRETARY OF STATE
Brinted Name: Sherman J. Beazer	03/28/2002 05 = 00 CK: CASH CT: 158010 BH: 455307
Printed Name: her man 1. Beazer	אור אונים אוני אונים אונים או