	CERTIFICATE OF ASSUME (Please type or print legibly. See To the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Idaho gives notice of adoption of an Assu	OF IDAHO  OI AUG 21 PM 3: 34  Code, the undersigned med Business Name RETARY OF STATE
1.	The assumed business name which the under business is:	signed use(s) in the transaction of
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
	<u>Name</u>	Complete Address
	Larry D Christensen	7300 Cedarward Borse ID 83709
3.	The general type of business transacted under (mark only those that apply)	the assumed business name is:
	Retail Trade	☐ Transportation and Public Utilities ☐ Finance, Insurance, and Real Estate ☐ Mining
<b>4</b> . <b>5</b> .	The name and address to which future Phor correspondence should be addressed:  Have Hammer Wilter Phore  7300 Cedan 1000  Name and address for this acknowledgment copy is (if other than # 4 above):	Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720-0080 208 334-2301
	8	Secretary of State use only
Signatu		
Capacity:  (see instruction # 8 on back of form)		IDAHO SECRETARY OF STATE  08/21/2001 05:00  CK: none CT: 150330 BH: 414824  1 0 20.00 = 20.00 CURRENCY # 1  1 0 20.00 = 20.00 ASSUM NAME # 2