CERTIFICAT (Please typ To the SECRETARY OF STATE, STATE OF IDAHO

I E OF	- ASSL	JMED	BUSI	NESS	NAME
/pe or pr	int leaibly.	See inst	ructions	on revers	e.)

Pursuant to Section 53-504, le gives notice of adoption of an	daho Code, the undersigned AR 8: 44		
The assumed business name which the business is: RESTORATION DEPO			
2. The true name(s) and business address business under the assumed business name Name Name			
3. The general type of business transacted (mark only those that apply) Retail Trade Manufacture Wholesale Trade Agriculture Services Construction	ring Transportation and Public Utilities Finance, Insurance, and Real Estate on Mining		
4. The name and address to which future correspondence should be addressed: **TOPY WEIGHT 876 HIGHLAND BUD. **TOPY TO \$3204 5. Name and address for this acknowledged to the converse of the second address.			
gnature: ////////////////////////////////////	PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE 08/30/2000 09:00 CX: 446 CT: 135410 BH: 345118 1 9 28.88 = 28.88 ASSUM NAME # 2		

Sig

Printed Name: ___

Capacity: OWNER

(see instruction # 8 on back of form)

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