	CERTIFICATE OF ASSU (Please type or print legibly.	See instructions on reverse)
	To the SECRETARY OF STATE, STA	ATE OF IDAHO Jaho Code, the undersigned RY OF SO Assumed Business Name F OF OF STATE
1.	The assumed business name which the ubusiness is:	indersigned use(s) in the transaction of
2.	The true name(s) and business address(e business under the assumed business na	es) of the entity or individual(s) doing
	<u>Name</u>	Complete Address
	Uack B. Anderson	PUBOX 328 Eagle Idano 83616
	Rebecca U. Anderson	POBox 328 Eagle Idano 83616 POBox 328 Eagle Idaho 83616
3.	The general type of business transacted (mark only those that apply)	under the assumed business name is:
	 □ Retail Trade □ Wholesale Trade □ Services □ Construction 	Finance, insurance, and Real Estate
4.	The name and address to which future correspondence should be addressed:	Phone number (optional):
	PO Box 328	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5 .	Eagle Tolaho 83616 Name and address for this acknowledgment	Secretary of State 700 West Jefferson ent Basement West
	COpy is (if other than # 4 above):	PO Box 83720 Boise ID 83720-0080 208 334-2301
		Secretary of State use only EDANO SECRETARY OF STATE
Signatu	ire: And 8 ahren	10AHO SECRETARY OF STATE 22/23/1999 09:00 CX: 2259 CT: 111466 BH: 190466
	Name: <u>Uack B. Anderson</u>	1 8 28.88 = 28.88 ASSUM MANE # 2
Capaci		\$23385
	(see instruction # 8 on back of form)	aloops O O O