Capacity: DWNev

(see instruction # 8 on back of form)

031656

	CERTIFICATE OF ASSUME (Please type or print legibly. See in	D BUSINESS NAME	
To the SECRETARY OF STATE, STATE OF IDAHO  Pursuant to Section 53-504, Idaho Code, the undersigned  gives notice of adoption of an Assumed Business Name			
1.	1. The assumed business name which the undersigned use(s) in the transaction of business is:		
2.	2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:  Name  Complete Address		
	Steve VanderRoest S		
3.	The general type of business transacted under (mark only those that apply)  Retail Trade		
4.	The name and address to which future Phon correspondence should be addressed:  Steve Vander Roest  S. 1330 Silver Beach Rd.  Coeur d' Alene, ID 838.		
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
		Secretary of State use only	
	South of the state	IDAHO SECRETARY OF STATE	
	ure: Styll Janes Valley	07/25/2000 09:00 CK: 1402 Cf: 133945 BH: 336868	
Printed	Name: Steve VanderRoest &	1 € 28.88 = 28.88 ASSUM MAME # 2	