Capacity: OWNER

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUN (Please type or print legibly. S To the SECRETARY OF STATE, STAT	ee instructions on reverse.)
Pursuant to Section 53-504, Idah gives notice of adoption of an As	no Code, the undersigned
The assumed business name which the under business is:	All'and
2. The true name(s) and business address(es business under the assumed business name) of the entity or individual(s) doing
Name 1	Complete Address 295 Cauanaugh Bay Rd
Brigger Joy BITZ	Centin Id. 83821
The general type of business transacted un (mark only those that apply)	der the assumed business name is:
Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
The name and address to which future Place correspondence should be addressed:	hone number (optional): 208-443-0139
295 Covenaugh Bay Rd.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
 Cool 10 Td. 83831 5. Name and address for this acknowledgmen copy is (if other than # 4 above): 	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only IDANS SECRETARY OF STATE
Signature: Nanald on Bitz	97/86/1999 89:00 CX: 2175 CT: 117644 , BH: 231582
Printed Name: PONNE M. BITZ	00009
Capacity: Omnes	D27387

g'voorpiforms\abn.p65