050607

Capacity: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS, NAME (Please type or print legibly. See instructions on reverse.) (20 de company)				
To the SECRETARY OF STATE, STATE OF IDAHO  Pursuant to Section 53-504, Idaho Code, the undersigned OF IDAHO  gives notice of adoption of an Assumed Business Name.				
1.	The assumed business name which the undersigned use(s) in the transaction of business is:  [Acutives + In + 1]			
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		
	- Shayne Stoakes	13654 W TRAIL CR. Pocatello		
	Cynthia Stoakes	SAME		
3.	The general type of business transacted under the assumed business name is:     (mark only those that apply)			
	Retail Trade	Fina	nsportation and Public Utilities ance, Insurance, and Real Estate ing	
4.	The name and address to which future correspondence should be addressed:			
·_	·		Submit Certificate of Assumed Business Name and \$20.00 fee to:	
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	ent	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
			Secretary of State use only	
		n 2797		
Signature: Share State 12/20/2001 05:00				
Printed Name: SHAYNE STORKES  CX: 7869 CT: 154850 BH: 435815 1 9 28.00 = 29.00 ASSUM NAME # 2				