## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

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.

	ness name which the un	dersigned use(s) ig	
2. The true name(s) and business address(es business under the assumed business name    Name   Stillen		of the entity or individual(s) doing the is/are:  Complete Address  3/4 W. Maylar (+  Roise, TD 83706	
3. The general type of (mark only those that a	f business transacted un	der the assumed b	usiness name is:
Retail Trade Wholesale Trade Services	Manufacturing  de Agriculture Construction	· — ·	tation and Public Utilities Insurance, and Real Estate
4. The name and additional correspondence shape to the correspondence of the corresponde	ress to which future Plould be addressed:	Assu	nal): 424-9058  mit Certificate of smed Business e and \$20.00 fee to:
5. Name and address copy is (if other than # 4 a	for this acknowledgmen above): ಎಽ ಎ ಓಂಬ ೭	700 v Base PO E Boise	etary of State West Jefferson ment West Box 83720 e ID 83720-0080 334-2301
			retary of State use only SECRETARY OF STATE
Signature:		11/26/1999 29:20 CK: CASH CT: 123388 BH: 263848	
Printed Name: Jeff Skillern		1 <b>e 29.</b>	00 = 20.00 ASSUM HAME # 2
Capacity:		mslabn.p65	M3101616

(see instruction # 8 on back of form)