(see instruction # 8 on back of form)

Capacity: ///////

## FILED/EFFECTIVE

CERTIFICATE OF (Please type or pr	F ASSUMED BUSINESS NAME rint legibly. See instructions on reverse.)
Pursuant to Section	STATE, STATE OF IDAHO  1 53-504, Idaho Code, the undersigned of an Assumed Business Name STATE OF TOWNSHIP
<ol> <li>The assumed business name business is:</li> <li>La-di-Dal Decomposition</li> </ol>	which the undersigned use(s) in the transaction of
	s address(es) of the entity or individual(s) doing
Andrea L. Mabry	1410 Oakley Avc. Burley TD 8336
The general type of business to (mark only those that apply)	ransacted under the assumed business name is:
□ Retail Trade  □ M     □ Wholesale Trade □ A	Manufacturing Transportation and Public Utilities Agriculture Finance, Insurance, and Real Estate Construction Mining
4. The name and address to which correspondence should be add Andi Mabril a La-d	( )
BUYIN TO 833  5. Name and address for this acknowly is (if other than #4 above):	Secretary of State 700 West Jefferson
	Secretary of State use only
Signature: Maix Maby  Printed Name: Andi L. Maby	IDAMO SECRETARY OF STATE  91/24/2002 05:00  CK: 4034 CT: 156198 BH: 441930  1 0 20.00 = 20.00 ASSUM NAME # 2

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