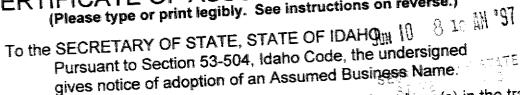
Capacity: Duvere

(see instruction #8 on back of form)

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





To the SECRETARY OF STATE, STATE OF IDAHON IN COMMENT OF STATE, STATE OF IDAHON IN COMMENT OF STATE, STATE OF IDAHON IN COMMENT OF STATE OF STATE OF IDAHON IN COMMENT OF STATE OF IDAHON IN COMMENT OF STATE OF IDAHON IN COMMENT OF STATE OF STATE OF IDAHON IN COMMENT OF STATE OF IDAHON IN COMMENT OF STATE OF IDAHON IN COMMENT OF STATE OF STATE OF IDAHON IN COMMENT OF STATE OF IDAHON IN COMMENT OF STATE OF STATE OF IDAHON IN COMMENT OF STATE O	
The assumed business name which the unders business is: \[\begin{align*} \lambda / A \in S & \text{i} & \text{c} & \text{UZbS} \end{align*} \]	igned use(s) in the many
2. The true name(s) and business address(es) of business under the assumed business name is Chery Lawrence 4/1 Bob Lawrence 1/4	the entity or individual(s) doing lare: Complete Address Surveridge Rd. PA ID: 83686
3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Construction Mining	
4. The name and address to which future Photocorrespondence should be addressed: Bob 3 Chec LAWRENCE 4/1/1 SurvyRidge Rd. Mampa DOAHO 83686 5. Name and address for this acknowledgment copy is (if other than # 4 above):	Boise ID 83720-0080 208 334-2301
Signature: Sob LAWRENCE	Secretary of State use only IDAHO SECRETARY OF STATE DATE 06/10/1997 O900 100868 2 CX #: CASH CLIST# 82716 ASSUM NAME 19 20.00= 20.00

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