CERTIFICATE OF ASSU (Please type or print legibly.	MED BUSINESS NAME See instructions on reverse.) TE OF IDAHO
(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.	
1. The assumed business name which the up business is:	
The true name(s) and business address(e business under the assumed business name.	me is/are:
DONALD J. BURCH L. BURCH	1300 S. POWERLINE Rd, NAMPA, ID 83686
3. The general type of business transacted u	nder the assumed business name is:
Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
The name and address to which future F correspondence should be addressed:	Phone number (optional):
Burch Co. 3922 E. Summit L	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Name and address for this acknowledgment 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 1DAHO SECRETARY OF STATE 12/01/2000 69:00 CK: 19912 Cf: 139137 BH: 364159
Signature: Christy (Durch)	<u>.</u>
Printed Name: CHRISTY A. BURCH	1 & 20.00 = 20.00 ASSUM NAME # 2
Capacity: OWNER (see instruction # 8 on back of form)	59d Udanskandrog og o
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