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



(Please type of print legion).	11 12 PH '97 EAGLE
To the SECRETARY OF STATE, STATE OF IDAHO Jul 21 4 13 PH 197 To the SECRETARY OF STATE, STATE OF IDAHO Jul 21 4 13 PH 197 Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. STATE	
gives notice of adoption of an Adostino Signed Size (s) in the transaction of 1. The assumed business name which the undersigned use(s) in the transaction of	
business is:	
Victoria AND Company	
2. The true name(s) and business address(es) of the entity or individual(s) doing 4. The true name(s) and business name is/are:	
COTE	plete Address
Vicri Vay Factrell 3795 Elgin Way	
Vicki Kay Facticu 3795 Elgin Way Boist ID 83713	
	mod business name is:
The general type of business transacted under the assurance that apply the second t	filed business frame
(Walk quily middle man week.)	
Manufacturing Trade	insportation and Public Utilities
Retail I rade Finance Insurance, and Real Estate	
Mholecale Hatte	ning
and address to which future Phone number	er (optional): 208 375 3787
 The name and address to which future Phone numbe correspondence should be addressed: 	
	Submit Certificate of
Vicci K Fackrell.	Assumed Business
3795 ELGIN WAY	Name and \$20.00 fee to:
3713 ECGIN WING	
BOISE ID 83713	Secretary of State
	700 West Jefferson Basement West
Name and address for this acknowledgment	PO Box 83720
copy is (if other than # 4 above).	Boise ID 83720-0080
	208 334-2301
	Secretary of State use only
	IDANO SECRETARY OF STATE
Revision 2/97	97/22/1997 09:00
	CK: CASH CI: 84076 Mi. COCO.
Signature: // tacket	1 2 28.88 = 20.88 ASSUM NAME
Printed Name: VICU K FACK PCU Capacity: OWNER (see instruction # 8 on back of form)	0653
Capacity: OWNER - I	
(see instruction # 8 on back of form)	