

## CERTIFICATE OF ASSUMED BUSINESS NAME

		!	FILE	
	CERTIFICATE ASSUMED BUSIN		E AM 9:	FE TOTAL
W FOL	Pursuant to Section 53-504, Idaho ( submits for filing a certificate of Assi Please type or print legi E: See instructions on reverse	ode, the undersigumed Business Na	gned ame.	'8 · · ·
	umed business name which t	he undersigned	d use(s) in the transaction of	
	e name(s) and business address under the assumed busines  Name	ess(es) of the e s name:	ntity or individual(s) doing  Complete Address  SXXIV JERONE I d 833	38
□ R □ W □ S □ M	/holesale Trade	rtation and Put ection ure		
4. The nar	mance, Insurance, and Real Eme and address to which future ondence should be addressed and Suncest works to work the comment of the state of the comment of the co	re	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
	and address for this acknowle	edgment	Phone number (optional):  28-324-8943	
		599	Secretary of State use only	II
Signature: <u>X</u> {	Diana Somesch	omstabn 2002	*	
Printed Name Capacity/Title	:X ) Ann Somers	g:\corp\forms\abn.p65	IDAHO SECRETARY OF STATE  01/02/2003 05:  CK: 1655 CT: 158010 BH: 65  1 0 20.00 = 20.00 ASSUM NA	<b>00</b> 4240

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