CERTIFICATE OF ASSUMED BUSINESS NAME

	BUSINESS NAME C
CERTIFICATE OF ASSUMED (Please type or print leg To the SECRETARY OF STATE, STATE OF Pursuant to Section 53-504, Idaho Co gives notice of adoption of an Assume	FIDAHO ode, the undersigned
1. The assumed business name which the business is:	• • • • • • • • • • • • • • • • • • • •
2. The true name(s) and business address(business under the assumed business name Name VIRGINIA JOHNSON	
3. The general type of business transacted (mark only those that apply) Retail Trade Manufactur Myholesale Trade Agriculture Construction	ring Transportation and Public Utilities Finance, Insurance, and Real Estate
 4. The name and address to which future correspondence should be addressed: GINA KNIDSON 60 E Z.3 N HTN HOME 10 83647 5. Name and address for this acknowledgm copy is (if other than # 4 above): 	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only IDAHO SECRETARY OF STATE

Signature:

Printed Name:

Capacity: (JENER

(see instruction # 8 on back of form)

03/17/2000 09:00 CK: 5836 CT: 128362 BH: 380829

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