CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
CERTIFICATE OF ASSUMED BUSINESS NAME (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 business is: Stere Lacey	
The true name(s) and business address business under the assumed business n	ame is/are:
<u>Name</u>	Complete Address
Steve Laces	Papa 1361 Mdall ID 33638
Brenna Chalonpka	POBOX 1361 McCall Id 83638
The general type of business transacted under the assumed business name is: (mark only those that apply)	
Retail Trade Manufacture Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate on Mining
 The name and address to which future correspondence should be addressed: 	Phone number (optional): 208)634-23/0
Stere Lacey POBOX 1361	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledge copy is (if other than # 4 above):	Secretary of State 700 West Jefferson ment Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
(208) 639 1299	I BART - GRESKE MAN AR I AR I A SPATELY
Sterling Savings A	K: 2385 CT: 148227 BH: 485689
Signature:	1 # 20.00 = 20.00 ASSUM NAME # 2
Printed Name: Steve Laces	guad c
Capacity: Proprieto Ocuper (see instruction # 8 on back of form)	D 4,6489