CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO Q 23 AN 100



Pursuant to Section 53-504, Idaho Co gives notice of adoption of an Assume	ode, the undersigned ed Business Name
 The assumed business name which the u business is: 	
CHLAP ASSOCIATION	
The true name(s) and business address(e business under the assumed business names and the second secon	es) of the entity or individual(s) doing
RICHARD W FEE	533 CYPRESS WHY
	TWIN FALLS, ID
	83301
Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction 4. The name and address to which future correspondence should be addressed: **REAMON FEE 533 CYPRESS UNY **THE PROPERTY OF PROPER	Finance, Insurance, and Real Esta
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	700 West Jefferson
gnature: Juli Ja	1 0 20.00 = 20.00 ASSUM NAME
inted Name: RICHARO W. PEE	D 12797
apacity: Director	To your to your to you have to

(see instruction # 8 on back of form)