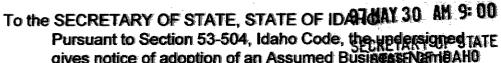
## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)



Printed Name: DAVIO V. EASTMAN

(see instruction # 8 on back of form)

Capacity: POESIDENT



business	· <del>-</del>		_		afak ur ana nai	a magan madal dagai dagai madal yi 1 yi 1 Madal yi
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	<u>Name</u>		Complete Address			
Davio	V. FASTA	NON	1903 h	sary s	r Boist Id	2 83705
ASSET 1	DEVELOPMEN	r Solutions,	Inc. P.O	. sox	5062 Noist	10. 83705
3. The gene (mark or	eral type of busing those that apply)	iness transact	ed under th	ne assul	med business	name is:
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CK #: NO CK # CLIST# 77510 ASSUM NAME 18 20.00= 20.00

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