	CERTIFICATE OF ASSU (Please type or print legibly.	MED BUS	SINESS NAME ns on reverse.)
To the SECRETARY OF STATE, STATE OF IDAHO 01 SEP 21 AM 10: 06 Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name of IDAHO			
1.	. The assumed business name which the undersigned use(s) in the transaction of business is: Sweet wind Fercherons		
2.	 The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: 		
	Laco Aachus		nplete Address TWY 31 P.O. Box 161 Swan
	Sara Aachus		n Valle
	saac Harras		TO 82.11
3.	The general type of business transacted under (mark only those that apply)	ander the assu	med business name is:
	Retail Trade	Fina	nsportation and Public Utilities ance, Insurance, and Real Estate ing
4. The name and address to which future Phone number (optional): 208-4 correspondence should be addressed:			(optional): <u>208-483-3451</u>
	Lars and Sara Aarnus		Submit Certificate of
	P.O. Box 161		Assumed Business Name and \$20.00 fee to:
E	Swan Valley, In 83449	4	Secretary of State 700 West Jefferson
	Name and address for this acknowledgme copy is (if other than # 4 above):	PΠT	Basement West PO Box 83720
	Application of the second seco		Boise ID 83720-0080 208 334-2301
			Secretary of State use only
		Revision 1/98	
Signature: Man Secretary of STATE			
Printed Name: Sara Aarhus		99d	09/21/2001 05:00 CK: 1196 CT: 151575 BK: 428452
Capacit		koorpVormstabn.p65	1 - 10 - 2 -
	(see instruction # 8 on back of form)	duco): B	D48535