Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

The true name(s) and business address(es) business under the assumed business nam	
Name	Complete Address
Andi Sancerman Karen Alexander	1120 B. Jefferson, Boise, 1D 83712 1501 Shushome, Boise, 1D 83709
3. The general type of business transacted un	der the assumed business name is:
	and Public Utilities
 Wholesale Trade Services Manufacturing Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: A	Secretary of State 700 West Jefferson Basement West
And Saucerman. 1120 E Jefferson St. Boise, 1D 83712	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (if other than # 4 above):	ent Phone number (optional):
	(208) 345-10960

IDAHO SECRETARY OF STATE

99/29/2003 05:00

CK: 92922673818SLD CT: 172899 BH: 784882
1 8 25.88 = 25.88 ASSUM NAME # 2

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