CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly)		
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned TATE OF		
1.	The assumed business name which the under business is:	
2.	The true name(s) and business address(es) o business under the assumed business name in Name	
	ERIBERTA E. CORNELL 18	50 N. Main Street Hn Home ID £3647-2603 \$
3.	The general type of business transacted unus (mark only those that apply) Retail Trade Manufacturing	Transportation and Public Utilities
	Retail Trade	Finance, Insurance, and Real Estate Mining
4.	The name and address to which future correspondence should be addressed:	Submit Certificate of
	4730 S 18th W	Assumed Business Name and \$20.00 fee to:
	Mtn Home ID 83447-5623	Secretary of State 700 West Jefferson Basement West
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	PO Box 83720 Boise ID 83720-0080 208 334-2301
	FRIBERTA E. CORNERO 4730 S 18th W MAN Home ID 83697-5223	Secretary of State use only IMANO SECRETARY OF STATE
Signat	114 1 0 .00	1 8 28.88 = 28.88 ASSUM NAME
Capacity: Proprietor (see instruction # 8 on back of form) Printed Name: ERIBETATA E. CORNELL D 18087		
Capac	:ity:) no prie to r	