CERTIFICATE OF ASSUMED (Please type or print legibly. See inst	BUSINESS NAMEFFECTIVE
To the SECRETARY OF STATE, STATE O Pursuant to Section 53-504, Idaho C gives notice of adoption of an Assum	F IDAHO ode, the undersigned AMD: 32
The assumed business name which the business is:	undersigned use(s) in the traffsection of
- Hometown Enterpris	e5
The true name(s) and business address(business under the assumed business name)	es) of the entity or individual(s) doing ame is/are:
Venere E Koski	Complete Address 2314th Ave w
Hometown Enterprises	Goodina 1d
	83330
3. The general type of business transacted υ (mark only those that apply)	inder the assumed business name is:
Retail Trade	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4. The name and address to which future F correspondence should be addressed: Home town Enterprises	Phone number (optional): 208~934-9722
231 4th Ave w	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgmen copy is (if other than #4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only SECRETARY OF STATE
ignature: Vemul & Ruh	12/27/2000 09:00 CK: 4865 CT: 129727 BH: 369187
rinted Name: Venere E Koski	1 # 20.08 = 20.08 ASSUM NAME # 2
apacity: Owner (see instruction # 8 on back of form)	D 41400