

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. 39 M. 8: 49

Please type or print legibly. NOTE: See instructions on reverse before filing.

	The state of the s
The assumed business name which the under business is: .	
SAVING Time Shopping And Deliv	ely Service
The true name(s) and <u>business</u> address(es) of business under the assumed business name.	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `
<u>Name</u>	Complete Address
Jo E. Groesbeck	2995 Anderson Lane
	TWIN FAlls Idaho 83301
3. The general type of business transacted unde	er the assumed business name is:
Wholesale Trade Construction	and Public Utilities
Services	Submit Certificate of Assumed Business Name and \$20.00 fee to:
 The name and address to which future correspondence should be addressed: 	Secretary of State 700 West Jefferson Basement West
Jo GRoesbeck 2995 Anderson Lane	PO Box 83720 Boise ID 83720-0080
TWIN FAILS, Idaho 83301	208 334-2301
Name and address for this acknowledgment	Phone number (optional):
COPy is (if other than # 4 above).	208-732-068/
	Secretary of State use only
Signature: Jo Sholsblik Printed Name: Jo Groesbeck	IDAHO SECRETARY OF STATE 10/30/2002 05 = 00 CK: 594 CT: 158010 BH: 643360 1 6 26.06 = 26.06 ASSUM NAME # 2
Capacity/Title: Ouman	1 0 20.00 = 20.00 ASSUM NAME # 2

(see instruction # 8 on back of form)