27	
	CERTIFICATE OF ASSUMED BUSINESS (Please type or print legibly. See instructions on reverse)
	To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.
1. The bus	e assumed business name which the undersigned use(s) in the tr siness is: The Diversified Specialist

CERTIFICATE OF ASSUMED BU (Please type or print legibly. See instruc	JSINESS NAME tions on reverse.)		
To the SECRETARY OF STATE, STATE OF IDAL Pursuant to Section 53-504, Idaho Code, the gives notice of adoption of an Assumed Bu.  1. The assumed business name which the undersigned to business is:	ne undersigned UZ JAR TY siness Name.		
The Diversified Specialist			
<ol><li>The true name(s) and business address(es) of the enti- business under the assumed business name is/are:</li></ol>	ty or individual(s) doing		
	omplete Address		
- Hailer	10 83333		
3. The general type of business transacted under the assumed business name is:			
☐ Wholesale Trade ☐ Agriculture ☐ Fin	ansportation and Public Utilities nance, Insurance, and Real Estate ning		
4. The name and address to which future correspondence should be addressed:			
P.O. Box 3125 Harley ID 83333	Submit Certificate of Assumed Business Name and \$20.00 fee to:		
5. Name and address for this acknowledgment copy is (if other than # 4 above):  Same	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301		
ature: Ann Zunk	Secretary of State use only		

g \corp\forms\abn.p65

Signa Printed Name: Andrew Freericsen Capacity: Owner (see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

91/11/2002 05:00

CK: 524 CT: 155606 BH: 439431

1 8 20.00 = 20.00 ASSUM NAME # 2

D51055