	CERTIFICATE OF ASSUI	MED BUS	SINESS NAME FILL	Commander of the comman
	To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Ida gives notice of adoption of an A	tho Code, the	undersigned of the stransaction of the stransa	FECTIVE
1.	The assumed business name which the undersigned use(s) in the transaction of load business is:  Four Star Publishing			
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
	Name	Col	mplete Address	
	Dalet Sally Freeman	416 Mosc	N. Blaine OW, 10 83843	
<b>3</b> .	The general type of business transacted un (mark only those that apply)	nder the assu	med business name is:	
4	Retail Trade	Fin Mir	ansportation and Public Utilities lance, Insurance, and Real Estate hing	
<b></b> .	The name and address to which future correspondence should be addressed  Same as above	hone numbe		
			Submit Certificate of Assumed Business Name and \$20.00 fee to	
	Name and address for this acknowledgment copy is (if other than # 4 above):  Same as above.	nt	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise 1D 83720-0080 208 334-2301	
Signatú	Sally Freeman	Roy dam 1985	Secretary of State use only	_•
-	A 0 1 = 1 0 11 = 5			
	by a transfer of	10 ce		
	(see instruction # 8 on back of form)	E organian.	Idaho secretary of	STATE
		12	05/65/2000	
			CK: 3067 CT: 138477	

1 8 28.00 = 28.06 ASSUM NAME # 2

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