	CERTIFICATE OF ASSUM (Please type or print legibly. So To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idah	TE OF IDAHO TO Code, the undersigned
1.		sumed Business Name. SECRETARY OF STREET STR
2.	The true name(s) and business address(es) business under the assumed business nam	e is/are: Complete Address
	blanders	Menition, I) 83692
3.	The general type of business transacted une (mark only those that apply)	der the assumed business name is:
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Transportation and Public UtilitiesFinance, Insurance, and Real EstateMining
4.	The name and address to which future Procurespondence should be addressed:	none number (optional):
	(ABOVE)	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):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		Secretary of State use only 100H0 SECRETARY OF STATE
	2.4. 9. (10-	IDANO SECRETARY OF STATE 63/66/2001 09:00 CK: 3392 CT: 143145 RN: 342784

Signature: Selle

Printed Name: Becki

Capacity: <u>Duner</u>

(see instruction # 8 on back of form)

1 @ 28.88 = 28.88 ASSUM NAME # 2

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