7			
	CERTIFICATE OF ASSUM (Please type or print legibly. See To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idah gives notice of adoption of an As	io Code, the	FILED/EFFECTIVE
1.	The assumed business name which the und business is: THE HANDYMAN CAN	dersigned us	se(s) in the transaction of
2.	The true name(s) and business address(es) business under the assumed business nam Name JAMES N PETERSON 3	e is/are: <u>Co</u>	y or individual(s) doing mplete Address p⊋ FILER, ID, 83328
3.	The general type of business transacted unique (mark only those that apply) Retail Trade Manufacturing Molesale Trade Agriculture Services Construction	☐ Tra	umed business name is: ansportation and Public Utilities nance, Insurance, and Real Estate ning
4.	The name and address to which future correspondence should be addressed: JAMES N PETERSON	none numbe	Submit Certificate of
5.	3430 N 2100E FILER, 18AHO 83328 Name and address for this acknowledgment copy is (if other than # 4 above):	I	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 // Boise ID 83720-0080 208 334-2301

Revision 1/98

Secretary of State use only IDAHO SECRETARY OF STATE

02/15/2000 09:00 CK: 637 CT: 126741 BH: 290335

1 @ 29.86 = 26.86 ASSUM NAME # 2

D 33159

Signature: Some 17 Petting

Printed Name: SAMES N PETERSON

Capacity: OWNER / MANAGER

(see instruction # 8 on back of form)