CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

	To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idal gives notice of adoption of an As	no Code, the	undersigned 4/1 190
1.	The assumed business name which the undersigned use(s) in the transaction of business is:		
	CYBZ Y JNAPSE (DMMUNI	C. AT IONS	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	BEN ECKEURGED 6	· . —	nplete Address to #14 Boise ID 83710
3.	The general type of business transacted un (mark only those that apply)	der the assu	med business name is:
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Fin	insportation and Public Utilities ance, Insurance, and Real Estate hing
4.	The name and address to which future Placerrespondence should be addressed:	hone numbe	r (optional): <u>658 · 041 0</u>
	208 & 41th # 14		Submit Certificate of Assumed Business Name and \$20.00 fee to:
	Name and address for this acknowledgmen copy is (if other than # 4 above):	t	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	- A (()	Revision 1/98	INNO CERTAINS 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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inted	Name: PEN A GCKENROED	8	

Sig

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Capacity: PROPRIETOR

(see instruction # 8 on back of form)