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CERTIFICATE OF ASSU (Please type or print legibly.	JMED BUSINESS NAME See instructions on reverse.)
To the SECRETARY OF STATE, ST Pursuant to Section 53-504, lo gives notice of adoption of an	daho Code, the undersigned 4/1/8.
The assumed business name which the abusiness is:	
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
<u>Name</u>	Complete Address
CARLA HEGI	PD. Box 4335 HALLEY IN 83333
	HAILEY, Id 83333
3. The general type of business transacted (mark only those that apply)  Retail Trade	ng Transportation and Public Utilities Finance, Insurance, and Real Estate
P.O. BOX 4335 HAILEY Id 83333	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgme 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
Signature: Lette Pleas	IDAHO SECRETARY OF STATE  97/93/2991 99:00
Printed Name: CAPIA HEGI	CK: 1326 CT: 148482 BH: 486132
Capacity: SOLE PROPRIETOR	1 6 co. 66 - co. 66 H3SUT NAME # 2