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

	(Please type or print legibly. See instruct	ions on reverse	
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Names			
1.	The assumed business name which the undersigned use(s) in the transaction of business is:		
	- Dummit Enterprises		
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
		Omplete Address Florida Ave	
	- Lampa	4 IO 836820	
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)		
	Wholesale Trade Agriculture F	ransportation and Public Utilities inance, Insurance, and Real Estate fining	
4.	The name and address to which future Phone number (optional): correspondence should be addressed:		
	Shannon E Parker 1401 W Florida Aul	Submit Certificate of Assumed Business Name and \$20.00 fee to:	
	Nampa IO 831086	Secretary of State 700 West Jefferson	
	Name and address for this acknowledgment copy is (if other than #4 above):	Basement West PO Box 83720 Boise ID 83720-0080	
		208 334-2301	
	66/2	Secretary of State use only	
Signatu	re: The EM	IDANO SECRETARY OF STATE	
Deleted No. 1 2 1/2 1990 1990 1990 1990 1990 1990 1990 199			
Capacit	Y: Owner/Operator	1 0 20.00 = 20.00 ASSUM NAME N 2	

(see instruction #8 on back of form)

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