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

	To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idah gives notice of adoption of an As	no Code	
1.	The assumed business name which the und business is: Amusement 4 Vendir		ed use(s) in the transaction of the And o
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Heidi E. Crane 9	1125	Complete Address Malad Boise ID 83709
3.	The general type of business transacted un (mark only those that apply)	der the	assumed business name is:
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction		Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4.	4. The name and address to which future correspondence should be addressed:		
	Heidi Crane 9125 Malad Boise ID 83709		Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	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
		x	PARKE SECRETARY OF STATE
	Maid & Coo 10	evision 1/98	06/05/2000 09:00 CK: 178 CT: 131996 BH: 323698

Printed Name: Heid

Capacity:

(see instruction # 8 on back of form)

1 0 20.00 = 20.00 ASSUN NAME # 2

D 36377