CE	RTIFICATE ( (Please type or	OF ASSUM print legibly. Se	IED BUS ee instruction	NESS NAM	ΛE
To th	e SECRETARY OF Pursuant to Secti gives notice of ac	ion 53-504, Idah	o Code, the	undersigned 42	FIVE
1. The assu business	imed business namis:		dersigned us	e(s) <b>in time</b> transact	ion of
	name(s) and busing under the assumed	• •	e is/are:	, ,	ing
	<u>Name</u>		Cor	nplete Address	
Desti	Hy CHRIST		HIST	182104	
	7.4.0.712.137	7710 32 10	/\/	AMPA, I	D 83686
	eral type of busines nly those that apply)	s transacted und	der the assu	ned business nam	e is:
<del></del>	il Trade	Manufacturing Agriculture Construction	Fin	nsportation and Pu ance, Insurance, a ning	
correspor	e and address to w ndence should be a t のて o い ら j		none numbei	(optional): 208-2	167-2494
821	THY C. WA	SDEN NUTST,	•	Submit Certificate Assumed Business Name and \$20.00	s
	d address for this a other than # 4 above):	83686	t.	Secretary of State 700 West Jefferso Basement West PO Box 83720 Boise ID 83720-00 208 334-2301	n
			Revision 12/99	Secretary of State use IDAHO SECRETARY OF S	TATE
Signature:	Jely To We	Islen	الم الم		9 <b>: 00</b> : 3187 <b>00</b>
Printed Name: 1	DADATHUCI	WASDEN	98	1 # 20.00 = 20.00 ASS	SUM NAME # 2

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Capacity: (see instruction # 8 on back of form)