

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly.. See instructions 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 Name..

1. The assumed business name which the undersigned use(s) in the transaction of business is:

R.E.T.I.R.E.

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
<u>John Lehman</u>	<u>517 E 10th Ave, Spokane, WA 99202</u>
<u>Mike Larsen</u>	<u>2305 Methow Ct., Post Falls, Id 83854</u>
<u>Gary Brown</u>	<u>7320 N. Davenport Ave, Dalton Gardens, Id. 83815</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

R.E.T.I.R.E.

c/o ~~Mike Larsen~~ Mike Larsen

~~2305 Methow Ct.~~
Post Falls, Id 83854

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: _____

Printed Name: _____

Capacity: _____

(see instruction # 8 on back of form)

Secretary of State use only
IDAHO SECRETARY OF STATE

12/28/1999 09:00
CK: 1 CT: 124525 BH: 276876

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 31715

Revision 2/87

g:\corp\forms\abn\p45