CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of order to a Associated State of St				
1. The assumed business name which the undersigned use(s) in the transaction of				
	Dusiness is:			
	Aspen Grove Furnishings			
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 Robert L. Hansen 4		Complete Address 4787 Pinion, Aspen Ridge	
Elaine Hansen (Spouse) HC66 RR Bex 17		3× 17		
	Island Park, ID 83429		rk, ID 83429	
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)			
	Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining			
	The name and address to which future correspondence should be addressed:		Submit Certificate of	
-	Aspen Grave Furnishings same address as abave		Assumed Business Name and \$20.00 fee to:	
5. <i>1</i>	Name and address for this acknowledgme copy is (if other than # 4 above):	ent	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334 2301	
-		2	Secretary of State use only	
- Signatur	Signaturé Hours Lans			
Printed N	Printed Name: Robert L. Hansen			
Capacity	Capacity: Owner & Operator (see instruction # 8 on back of form) (see instruction # 8 on back of form) (see instruction # 8 on back of form)			
See instruction # 8 on back of form) CK: 1489 CT: 156774 BH: 44419: 1 8 28.88 = 28.88 ASSUM NAME (

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