CERTIFICATE OF ASSU (Please type or print legibly. To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Ida gives notice of adoption of an A 1. The assumed business name which the unbusiness is:	ATE OF IDAHO aho Code, the undersigned Assumed Business Name: Unitable Assumed Business Name: Uni
2. The true name(s) and business address(e business under the assumed business name Name James M. Hignett Patricia J. Hignett	s) of the entity or individual(s) doing me is/are: Complete Address 310 N 9Th F Mt. Horne, Id 310 N 9Th E Mt. Horne Id 83647
3. The general type of business transacted under the assumed business name is: Retail Trade	
James M. Hignett 310 N. 9th E. M.t. Home Td. 83647 5. Name and address for this acknowledgmen 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 James m. Higherth	Secretary of State use only IDAHO SECRETARY OF STATE 91/23/2001 09:00 CX: 1841 CT: 141223 BH: 374319
Printed Name: James M. Hignett	4.0.05.00
Capacity: Owner	duging the state of the state o
(see instruction # 8 on back of form)	28.88 = 28.88 ASSUM MANE # 2