2/03/98 8:29:42 IDAHO 227	SECRETARY OF STATE	p.1
(Please type of To the SECRETARY Of Pursuant to Se gives notice of 1. The assumed business na business is:	or print legibly. See Instru OF STATE, STATE OF ID ction 53-504, Idaho Code, adoption of an Assumed I	AHO FILED
2. The true name(s) and bus business under the assun <u>Name</u>	siness address(es) of the one of	entity or individual(s) doing : <u>Complete Address</u>
Michael L. Childs Kim A. Childs 3. The general type of busin (mark only those that apply)	ness transacted under the	
 Retail Trade Wholesale Trade Services The name and address to correspondence should be 	Manufacturing Agriculture Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining Jumber (optional): (206)286-2878
Mike and Kim Child 2561 W. Snyder Meridian, ID 831	<u>42</u>	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson
5. Name and address for th copy is (if other than #4 above):		Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only
Signature: Kim Childs Printed Name: Kim Child		IDAHO SECRETARY OF STATE
Capacity <u>Seneral Partner</u> - ((see instruction # 8 on back)	D-Owner of form)	CK: 1 CT: 107732 BH: 167792 1 9 29.80 = 28.00 ASSUM NAME # 2 $D \downarrow 0 G G$