	CERTIFICATE OF ASSUM (Please type or print legibly. Se	1ED BUSINES NAME ee instructions on reverse.
	To the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Idah gives notice of adoption of an Ass	io Code, the undersigned 44 8.
1.	The assumed business name which the und business is:	
2.	The true name(s) and business address(es) business under the assumed business name	e is/are:
	<u>Name</u>	Complete Address
	DAVID GOOFREY 2	785 EAST 3300 NORTH TWIN FALLS, 10 83301
3.	The general type of business transacted une (mark only those that apply)	der the assumed business name is:
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4.	correspondence should be addressed:	hone number (optional):
	1785 GAST 3300 NORTH	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	TWIN FALLS, ID 83301 Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		Secretary of State use only
Signati	ure: David Boffing	Revision 12/89
Though Secretary of State		
Capac		12/12/2001 05:00 CK: 2462 CT: 154539 BH: 434113 1 @ 28.88 = 28.88 ASSUM HAME # 2

(see instruction # 8 on back of form)

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