	CERTIFICATE OF ASSU (Please type or print legibly.	See instructio	ns on reverse.	
	To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Ide gives notice of adoption of an A	aho Code, the	undersigned 3	
1.	The assumed business name which the ubusiness is:	-	e(s) in the transaction of s	
	The true name(s) and business address(es) of the entity or individual(s) doing bysiness under the assumed business name is/are:			
-	Name S	Cor	nplete Address	
	ROWEY A. ROHM	2027 €.	PARTY JET ST	
	DARLA M. ROHM	MELIDI	th, Io 83642	
3. The general type of business transacted under the assumed business name is: (mark only those that apply)				
	Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction	Fin	ensportation and Public Utilities ance, Insurance, and Real Estate ining	
4. The name and address to which future correspondence should be addressed:			r (optional).(208) 89,7-83 79	
	SAME		Submit Certificate of Assumed Business Name and \$20.00 fee to:	
5.	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	
			EMANU SECRETARY OF STATE	
Signati	ure:	Revision 1788	08/23/1999 09:00 CK: 1 CT: 119569 BH: 243966 1 8 28.88 = 28.88 ASSUM NAME # 2	
Printed	Name: Robbey A. Room	\	Dan-an	
Capacity: Printed Name: RODDEY A. NORTH ST. S.				

(see instruction # 8 on back of form)