## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO \$3 650 17 (6) 2: [5]

T N	Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name (10.410)	
1.	The assumed business name which the undersigned use(s) in the transaction of business is:	
		UING
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	Complete Address
	Carolyn Sheffield	599 ArtisAN Way Sandpoint Id 83864
3.	The general type of business transacted un (mark only those that apply)	der the assumed business name is:
2	Retail Trade	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4.	The name and address to which future Place correspondence should be addressed:  Carolyn Sheffield  521 Alarch States	hone number (optional): 208 255-1752  Submit Certificate of Assumed Business
	Name and address for this acknowledgmen copy is (if other than # 4 above):	Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		I <b>BESUGENIE DE PER CAMPLE</b> IA
nnatu	re: Carolyn Shellield	12/17/1999 09:00 CK: 1343 CT: 124193 BH: 274534 1 0 20.00 = 20.00 ASSUM NAME # 2
_	Name: Crosolyn Sheffield	D 31524

Sig

(see instruction # 8 on back of form)