Capacity:__

(see instruction # 8 on back of form)

	CERTIFICATE OF ASSUN (Please type or print legibly. So	MED BUS	IN EDWAMEECTIVE
	To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idah gives notice of adoption of an As	no Code, the	undersigned ness Name\$E0RETUTE TAYE
	ne assumed business name which the und usiness is:		e(s) in the transaction of
 2. Th	ne true name(s) and business address(es		or individual(s) doing
bu <u>Ja</u>	Siness under the assumed business name Name 1500 OVER (ad Rd Hom Boise to 83706	e is/are:	nplete Address
_	Boise to 83706		
3. Th	Retail Trade Wholesale Trade Services Manufacturing Construction	ı 🗌 Tra	med business name is: Insportation and Public Utilities ance, Insurance, and Real Estate ning
	4. The name and address to which future correspondence should be addressed:		
	1620 OVER (AND Rd BONSE, 7 1) 83706		Submit Certificate of Assumed Business Name and \$20.00 fee to:
	ame and address for this acknowledgmen py is (if other than # 4 above):	t	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
_	1	n 12/99	Secretary of State use only IDANO SECRETARY OF STATE
Signature:	Jason Ste	Revis C	09/01/2000 09:00 K: CASH CT: 135528 BH: 345889 1 0 20.00 = 20.00 ASSUM NAME # 2
Printed Na	ame: Jasun Stom	585	

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