## CERTIFICATE OF ASSUMED BUSINESS NAME

	CERTIFICATE OF ASSU	MIED BOSHAFOS HAMIL
	the SECRETARY OF STATE, STATE OF Pursuant to Section 53-504, Idaho Cod option of an Assumed Business Name.	IDAHO le, the undersigned gives notice of
1.	The assumed business name which the unbusiness is:	
2.	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	Address
	Alhena Walker.	Post Falls, JD. 83859
		· · · · · · · · · · · · · · · · · · ·
3.	The general type of business transacted under the assumed business name is:	
	Sorvices	
	See categories on the reverse	
4. The name and address to which correspondence should be addressed:  14 hera Walter 3160 9. 3rd. 1fte. #13		ndence should be addressed:
		0 9. 3rd, He. #13
	Pas	
	Signed _	Att was waller
	By _	Athena Walker
	-, .	•
	Submit Certificate of Assumed Business Name and \$20.00 fee to:	Customer#
	Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080	Secretary of State use only

IDANO SECRETARY OF STATE

04/13/2001 09:00 CK: 1478 CT: 145031 BH: 391189

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