CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
To the SECRETARY OF STATE, STATE OF IDAHO OI MAY 30 AM 8: 47 Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name (LETARY OF STATE STATE OF IDAHO	
The assumed business name which the undersigned use(s) in the transaction of business is:	
- 2 Becomo Devine	
 The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: 	
Jennifek Devime	Complete Address 2359 FALLINE RA.E.
	Twinfallo, ld 83301
3. The general type of business transacted un (mark only those that apply)	nder the assumed business name is:
Retail Trade	
correspondence should be addressed:	hone number (optional): (208)734-4309
Jennier A. Devine 2359 Poletine Rol.E	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgmen copy is (if other than # 4 above): 50000	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only 1990 SECRETARY OF STATE
Signature: MINIMA DUME prosident	100HO SECRETARY OF STATE 5 05/30/2001 69:00 CK: 1879 CT: 146989 BH: 399988
Printed Name: KINIEV A DEVINE	1 @ 20.00 = 20.00 ASSUM NAME # 2
Capacity:(see instruction # 8 on back of form)	D45686