

## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2003 AUG 18 AM 8: 39

W LO SPECTIVE

Please type or print legibly.

TO STATE

NOTE: See instructions on reverse before filin	g. STATE OF IDAHO
The assumed business name which the undersign business is:	j
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Teri Delucia 20	Complete Address
3. The general type of business transacted under the	he assumed business name is:
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Teri Delucia  Jerome, #D 83338  5. Name and address for this acknowledgment copy is (if other than #4 above):	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):
Printed Name: Teri Delucia  Capacity/Title: Cwper  (see instruction # 8 on back of form)	Secretary of State use only