CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)



RY OF STATE. STATE OF IDAHO

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.	
1. The assumed business name which the undersigned use(s) in the transaction of business is Home Remedy	
The true name(s) and business address(es) of business under the assumed business name is Name	f the entity or individual(s) doing s/are: Complete Address
11 Wayne Danforth Peggy L. Danforth	i i
The general type of business transacted under the assumed business name is: (mark only those that apply)	
Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional): 28-686-023	
correspondence should be addressed: 111. Wayne Danforth PO Boy 208	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgment copy is (if other than # 4 above): BANK OF AMERICA APPLEWAY BRANCH #98588	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
W. 501 Appleway Coeur d'Alene, ID 83814	Secretary of State use only
Signature: Mayne Deinforth Capacity: Survey Capacity:	IDAHO SECRETARY OF STATE 108/20/2001 05:00 CK: #1 CT: 150262 BH: 414494 1 2 20.00 = 20.00 ASSUM NAME # 2
(see instruction # 8 on back of form)	1 0 20.00 = 20.00 ASSUM NAME # 2

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