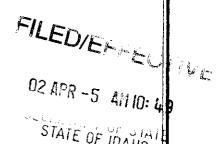


CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filing.



STATE OF IDAHO

1. The assumed business name which the und business is:	
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name <u>Jon Gosche</u> <u>Jon Gosche Regl Estate</u>	of the entity or individual(s) doing Complete Address 2515 S. Charlotte Ave Brise III 83709
3. The general type of business transacted unity of the property of the proper	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
	Secretary of State use only
Signature: Jon Gosche Canacity:	Havined formal termination 1889 Revised 67-2021
Capacity: (see instruction # 8 on back of form)	IDANO SECRETARY OF STATE

04/05/2002 05:00 CK: 1385 CT: 158919 BH: 457342 1 0 20.00 = 20.00 ASSUM NAME # 2