

## CERTIFICATE OF 4E

The true name(s) and business address(es business under the assumed business names and the second seco	s) of the antity or individual(s) doing
3. The general type of business transacted until Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed:  Torge Vlavery of the personal production of the pers	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	Phone number (optional):  Secretary of State use only

Printed Name: Junge Viavario

Capacity/Title: <u>Pyesident</u>

(see instruction # 8 on back of form).

IDANO SECRETARY OF STATE
12/09/2003 05:00
CK: 164984725 CT: 158010 BH: 715640
1 0 25.00 = 25.00 ASSUM NAME 1 2

