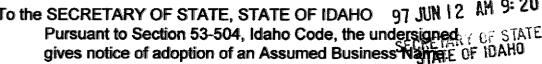
CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)





To the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Idaho gives notice of adoption of an Assu	Code, the undersigned of STATE
business is:	e undersigned use(s) in the transaction of
Dan t Hot's shop a	(Id FOW)
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
Patricia A. Cochrane	Complete Address P.O. Box 2116 Garden Valley ID 83122
Daniel B. Cochrane	60 Box 91P Couged Apples 108 83P39
The general type of business transacte (mark only those that apply)	ed under the assumed business name is:
Retail Trade	re Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed:	
Patricia Cochrane	Submit Certificate of Assumed Business
. 50. Box 91P	- Name and \$20.00 fee to:
Carden Valley ID 835	Secretary of State
Name and address for this acknowledged copy is (if other than # 4 above).	700 West Jefferson Iment Basement West PO Box 83720
COPY IS (II dutiell diant # 4 above).	Boise ID 83720-0080 - 208 334-2301
	Secretary of State use only
	DATE 06/12/1997
Signature: Fatricio A. Codrigono	0900 1014/7 2
Printed Name: Patricia A. Cochrane	
Capacity: OWNEC	ASSUM NAME 18 20.00= 20.00 - Symbol Unique 19 20.00 = 20.00
(see instruction # 8 on back of form)	- #: 5 408