	CERTIFICATE OF ASSU (Please type or print legibly.		
	To the SECRETARY OF STATE, STA Pursuant to Section 53-504, ld gives notice of adoption of an	aho Code, the	undersigned
1.	The assumed business name which the undersigned use(s) in the transaction of the substance business is: WILD West Wintows		
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Michael) Flowers	2105 mts BOIR, Id	1, love rd 83702
3.	The general type of business transacted (mark only those that apply)	under the assu	umed business name is:
	Retail Trade Manufacturi Wholesale Trade Agriculture Services Construction	Fir	ansportation and Public Utilities nance, Insurance, and Real Estate ning
4.	The name and address to which future correspondence should be addressed: 2105 mln, Cove rd	Phone numbe	er (optional): 37/-6364 Submit Certificate of
	Bolx Id. 85702		Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgmecopy is (if other than # 4 above):	ent	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		Revenon 1766	Secretary of State use only IDAHO SECRETARY OF STATE 04/20/1998 09:00
Signature: Muhael House		Page 1	CK: CASH C1: 97558 BH: 182853 1 # 20.88 = 28.88 ASSUM WAME
			D 14261
Capacity: (see instruction # 8 on back of form)			V 17261