CERTIFICATE OF ASSUME (Please type or print legibly. See i	D BUSINESS NAME instructions on reverse.)
To the SECRETARY OF STATE, STATE Of Pursuant to Section 53-504, Idaho Of gives notice of adoption of an Assur	Code, the undersigned
DUSINESS IS:	signed use(s) in the transaction of 6
The true name(s) and business address(es) of business under the assumed business name is Name Name	Vare:
Karen M. Sherrerd Rt1	Box 1214 Fairfield, 20 83327
3. The general type of business transacted under (mark only those that apply)	the assumed business name is
Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
The name and address to which future Phonicorrespondence should be addressed:	e number (optional):
Karen M. Sherrerd Rt Dox 1274	Submit Certificate of Assumed Business Name and \$20.00 fee to
Fairfield, Odaho 83327 5. Name and address for this acknowledgment copy is (if other than # 4 above).	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
9	Secretary of State use only
ignature: <u>Kaun M. Sherrerd</u>	
apacity: (see instruction # 6 on back of form)	IDANO SECRETARY OF STATE
(see instruction # 6 on back of form)	Ø6/Ø7/1999 Ø9:Ø CK: 189 CT: 116458 BH: 223177

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