## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO

FILED				

Ž	gives notice of adoption of an A	aho Code, the undersigned IN -8 AM ID: 00 -	
1.	The assumed business name which the u business is:	ndersigned use(s) in the transaction of STATE	
	Heritage Gif	4.5	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Name	Complete Address #4 Whitted Lane (gr)	
	Donna Giesbrecht	Th.	
3.	The general type of business transacted us (mark only those that apply)    Retail Trade	Transportation and Public Utilities  Finance, Insurance, and Real Estate	
4.	correspondence should be addressed:	Phone number (optional): 208-834-2815	
5.	Donna Gresbrecht  P.D. Box 402  Grand View, ID 83624  Name and address for this acknowledgme copy is (if other than # 4 above):	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	

Secretary of State use only

Printed Name: Donna Greshrecht

Capacity: Owner

(see instruction #8 on back of form)

IDAHO SECRETARY OF STATE

**06/08/1999 09:00** CX: 1285 CT: 116540 BH: 223663

1 8 20.00 = 20.00 ASSUM NAME # 2

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