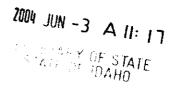




## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.



Peconga C	Company
The true name(s) and business address(es) of business under the assumed business name:	, , , ,
3. The general type of business transacted under	
Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State
correspondence should be addressed:  Peconga Company  1770 W. State St. #207  Boise ID 83702	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol><li>Name and address for this acknowledgment copy is (if other than # 4 above);</li></ol>	Phone number (optional):
	Secretary of State use only
gnature:  (st)nature required  inted Name:  Douglas K. Howell	IDAHO SECRETARY OF STATE
apacity/Title: Owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE

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