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

To the SECRETARY OF STATE, STATE OF IDAHO

	Pursuant to Section 53-504, Idal gives notice of adoption of an As	ho Code, the ssumed Busi	ness Name.
1.	The assumed business name which the unbusiness is: THE BOOKWORM	dersigned us	se(s) in the transaction of
2.	ne true name(s) and business address(es) of the entity or individual(s) doing usiness under the assumed business name is/are: Name TEYEN M, WEIWSTEIN 1/32 N 415 STREET		
			P STREET LENE 83814
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)		
	Retail Trade	Fir	ansportation and Public Utilities nance, Insurance, and Real Estate ning
4.	e name and address to which future Phone number (optional): 208-765-0335 rrespondence should be addressed:		
-	The Bookworm 1132 N 4th STREET Cocun d'ALENE ID 83814		Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	me and address for this acknowledgment by is (if other than # 4 above):		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		ion 1/98	100 100 100 100 100 100 100 100 100 100

Signature:___

Printed Name: STONON M WCINSTIGH

Capacity:____ BUNGR

(see instruction # 8 on back of form)

1 0 20.00 = 20.00 ASSUM NAME # 2