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

	Pursuant to Section 53-504, Idaha Code, the wall Mile on	_
	Pursuant to Section 53-504, Idaho Code, the undersigned to the section 53-504.	
	gives notice of adoption of an Assumed Business Name.	
The	assumed business name which the undersigned use(s) in the transaction of	

1.	The assumed business name which the u business is:	ndersig	ned u	se(s) in the transaction of
	G+S NICK Nack	SHAC	K	
2.	The true name(s) and business address(e business under the assumed business name	s) of th me is/a	e entit re:	y or individual(s) doing
	Name CARY L. TRIPLETT	1450	FOX	omplete Address CT. TOAHO FA/IS TOAHO 8340
	SANDRA J. TRIPLETT	1450	FOX C	T. IDAHO FALL IDAHO8.
3.	The general type of business transacted un (mark only those that apply)	nder th	e assu	umed business name is:
	Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction	g      -	Fir	ansportation and Public Utilities nance, Insurance, and Real Estate ning
	The name and address to which future Fcorrespondence should be addressed:	hone r	numbe	r (optional): 208 523-1952
	CARY + SAUDRA TRIPLETT			Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	TUAHO FAIS TUAHO 83404  Name and address for this acknowledgment copy is (if other than # 4 above):	nt .		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
-		ision 12/89		Secretary of State use only  IDAHO SECRETARY OF STATE

93/27/2001 99:00 CK: NO CK # CT: 144164 BH: 387198

1 0 20.06 = 20.08 ASSUM NAME # 2

D43883

gnature: Say I Supled

Printed Name: CARY L. TRIPLET

Capacity: Kusident

(see instruction # 8 on back of form)