## 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, Idaho Code, the undersigned

The assumed business name which the business is:	an Assumed Business Name.  e undersigned use(s) in the transaction of
VIV'S VALUABLE	$\mathbf{E}_{\mathbf{S}}$
The true name(s) and business address business under the assumed business in Name  Name	s(es) of the entity or individual(s) doing name is/are:  Complete Address
- VIVIAN BOFF	502 HAMPTON GRELE
3. The general type of business transacted  (mark only those that apply)  Retail Trade  Manufacture	
Wholesale Trade Agriculture Services Construction  4. The name and address to which future	Finance Insurance and Public Utilities
l addicased.	(optional).
- VIVIAN GOFF - 502 HAMPTON CIRCLE CALDWELL, 70. 83605	Submit Certificate of Assumed Business Name and \$20.00 fee to:
<ol> <li>Name and address for this acknowledgme copy is (if other than # 4 above).</li> </ol>	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
	IDAHO SECRETARY OF STATE
Signature: Vivian Soff	16/25/2000 09:00 CX: NO CX # CT: 137699 BH: 356811
Printed Name: VIVIAN GOFF	1 0 20.00 = 20.00 ASSIM MONE # 2

1 0 20.00 = 20.00 ASSUM NAME # 2

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(see instruction # 8 on back of form)

Capacity:\_\_