

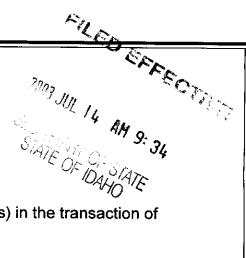
CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

IOTE: See instructions on reverse before filing.

(see instruction #8 on back of form)



NOTE: See instructions on reverse befor	<u>e filing.</u>	OF DAY ATE
		10
 The assumed business name which the und business is: 		
Comfort Zone Fur	wity	re
2. The true name(s) and <u>business</u> address(es) business under the assumed business name: Name Donge Colbon One One One Donge Do	of the e	Complete Address
3. The general type of business transacted und	der the a	assumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	and Pu	Submit Certificate of Assumed Business Name and \$20.00 Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
Idaho Falls, ID 83402		208 334-2301
 Name and address for this acknowledgmer copy is (if other than # 4 above): 	nt	Phone number (optional): 208-525-8405
		Secretary of State use only
Signature:	corpitormstabn formstabn.p65 Revised 01/2001	D62068
	forms\abn forms\ Revised 01/2001	IDAHO SECRETARY OF STATE
Printed Name: Jonas alborn	Mormsk	07/14/2003 05:00 CK: 287 CT: 158010 BH: 690876 1 0 25.00 = 25.00 ASSUM MAME # 2
Capacity: OUNOF	Conf	- a mana pagan manni mir m r