Signatule:__

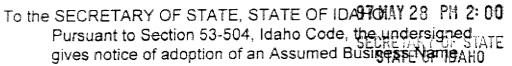
Printed Name: 574R

(see instruction # 8 on back of form)

Capacity: //web

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)





1.	The assumed business name which the undersigned usiness is: 2010EN THREADS	se(s) in the transaction of
2.	<u> </u>	omplete Address
	STAR E. GOLDEN 736 2ND TWIN FA	A
3.	The general type of business transacted under the assi	umed business name is:
	☐ Wholesale Trade ☐ Agriculture ☐ Fir	ansportation and Public Utilities nance, Insurance, and Real Estate ning
4.	The name and address to which future correspondence should be addressed: 57AR E. GOLDEN / GOLDEN THREADS	Submit Certificate of Assumed Business Name and \$20.00 fee to:
1	736 2 NA AVE N. TWIN FALLS, ID 83303	Secretary of State 700 West Jefferson Basement West
	Name and address for this acknowledgment copy is (if other than # 4 above):	PO Box 83720 Boise ID 83720-0080 208 334-2301
		Secretary of State use only

mskabn pm6 Revis

DATE 05/28/1997
0900 96732 2
CK *: 2033 CUST* 82081
ASSUM NAME 18 20.00= 20.00

#: D4930