Capacity: <u>mynu</u>

(see instruction # 8 on back of form)

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

FILED

1.	gives notice of adoption of an A The assumed business name which the ur	ssume	d Business Name. Stu4 ned use(s) in the transaction of
	business is: Superio Source N		o _{ffer} a of AdA.IU
	superio sauce i	(de	Ketiaci
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Name		Complete Address
	Marila L. Rogers	1810	Driscoll Ridge Rd
		TFO	y ID 83871.9681
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)		
	Retail Trade Manufacturing Mholesale Trade Agriculture Construction	g	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4.	The name and address to which future correspondence should be addressed:		
	Marila Rogers 1010 Driscoll Ridge Rd.		Submit Certificate of Assumed Business Name and \$20.00 fee to:
	Troy ID 83871-9681		Secretary of State
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	nt	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
			Secretary of State use only
		Revision 1/96	IDANO SECRETARY OF STATE
ignatu	ure: Manda Kagus	Rev.	08/09/1999 09:00 CK: 83572664396 CT: 118951 BH: 240354
inted	I Name: Maria Roccis	8	1 9 28.86 = 28.88 ASSUM MANE'# 2

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