	CERTIFICATE OF ASSUMED (Please type or print legibly. See insti	ructions on reverse.)
To the SECRETARY OF STATE, STATE OF IDAHO  Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.		
1.	The assumed business name which the undersign business is:  hopid Cred: Service	
2.	business under the assumed business name is/are:	
	Michael A Maldonado 751	Northyiew Dr n Falls ID 83301
3.	The general type of business transacted under the	assumed business name is:
	(mark only those that apply)  Retail Trade	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4.	The name and address to which future Phone no correspondence should be addressed:	umber (optional) (208) 7366007
-	756 Northview Dr Twin Falls ID. 83301	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
5.	Name and address for this acknowledgment papy is (if other than # 4 above):    O	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	1W: 7 F 4[13 _LD. 6530]	Secretary of State use only IDAHO SECRETARY OF STATE
Signatu	re: Miles Mestande	06/20/2000 09:00 CK: 1284 CT: 132624 BH: 327807 1 @ 20.00 = 20.00 ASSUM NAME # 2
Printed Name: Michael AMaldonas		
Capacit	ty: President (see instruction # 8 on back of form)	16788