CERTIFICATE OF ASSUMED BUSINESS NAME

To	the SECRETARY OF STATE, S Pursuant to Section 53-504				signed gi			
ad	loption of an Assumed Business	Name.			_			
1.	The assumed business name which the undersigned use(s) in the transaction of business is:							
	U-Cities Appraisal Con	mpany		·				
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:							
	<u>Name</u>		Address					
	James D. Jensen		112	East	Second	Moscow,	ID	83843
3.	The general type of business transacted under the assumed business name is:							
Retail - Appraisals								
	See categories on the reverse							
4.	The name and address to which correspondence should be addressed: U.S. Bank of Idaho P.O. Box 8127 Moscow, ID 83843							
		1		1				
	Signed Signed Source							
By Capacity Owner								
	Submit Certificate of Assumed Business Name and \$20.00 fee to	to:	Customer#					
	_				Secret	ary of State us	e only	
	Secretary of State 700 West Jefferson		Revision 16/98					
	PO Box 83720		IDANO SECRETARY OF STATE					
	Boise ID 83720-0080		**			DATE 03		
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