

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. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)



SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the understandard business is: COSTON CREDIT CARD	
The true name(s) and <u>business</u> address(es) of business under the assumed business name: <u>Name</u>	Complete Address
VALL AMBRICAN CREEK CARD SER	DID MOON VALLEY Dd. EAGLE Tologo
3. The general type of business transacted under Retail Trade Transportation are Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: \[\langle \frac{\lambda_{\text{To} \text{To} \lambda_{\text{To} \text{To} \tex	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
COPY IS (if other than # 4 above).	Secretary of State use only
Printed Name: (O) (E) H GR; FF ith Capacity/Title: CFO	1) 7 9 3 1DAHO SECRETARY OF STATE 21 / 29 / 2004 05 = 200 CK: CASH CT: 158818 BH: 729944 1 8 25.88 = 25.80 ASSUM MARE # 2