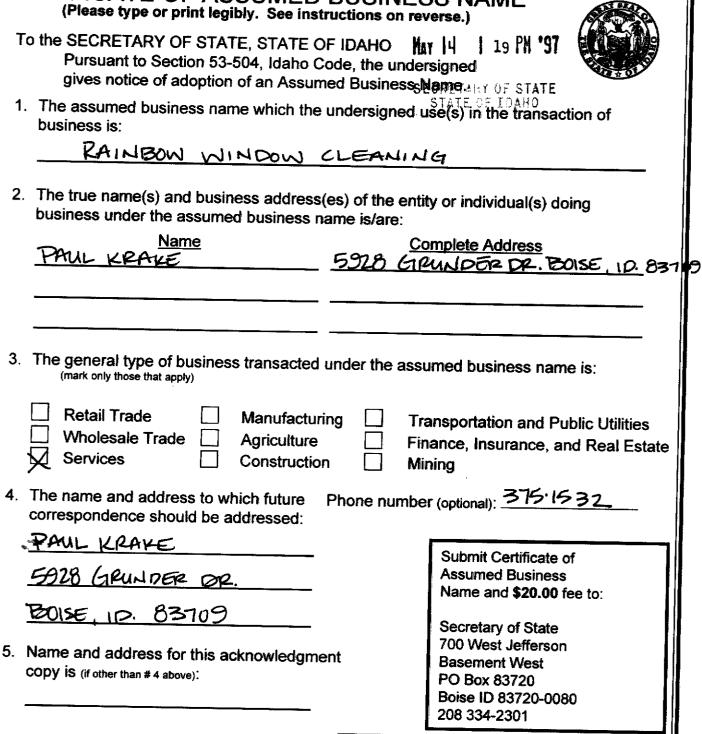
CERTIFICATE OF ASSUMED BUSINESS NAME



Signature:

Printed Name:

OWNER

Capacity:

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE DATE 05/14/1997 0900 92656 CK #: cash CUST# 81419

ASSUM NAME 18 20.00= 20.00

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