

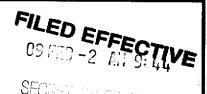
CERTIFICATE OF ASSUMED BUSINESS NAME

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)



SECRETARIO OF STATE STATE OF IDAHO

The assumed business name which the undersignment business is:	
2. The true name(s) and business address(es) of the business under the assumed business name: Name	ne entity or individual(s) doing Complete Address
Pamela Cisors	athdrum, ID 88858
3. The general type of business transacted under to the second se	
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
10101 N. Reservoi R. Load Ratherom, ID 63858 5. Name and address for this acknowledgment	(208) 334-2301
COPY IS (If other than # 4 above).	Secretary of State use only
Signature: Pamela Olson Capacity/Title: Photographer	IDANO SECRETARY OF STATE 92/92/2009 95 200 CK: 1838 CT: 158818 BH: 1155856 1 8 25.80 = 25.88 ASSUM NAME # 2