CERT	TFICATE OF ASSU	MED BUSINESS MAME
Pursuant	ARY OF STATE STATE OF	IDAHO STATE  TO
The assumed business is:	BECIPES!	idersigned use(s) in the transaction of
	Mome assumed business har	S) of the entity or individual(s) doing ne is/are:  Address 20. Box 3106 Hailey, Id. 83333
The general type of business transacted under the assumed business name is:  Soo categories on the raverse:  The name and address to which correspondence should be addressed:  DRN whitaks P.O. Box 3106, Hailsy, Td. 83333		
	Signed A	1 20 1 4 4
Secretary of S 700 West Jeff PO Box 83720	erson O	Customer #  Secretary of Multi-Spence only OF STATE  9/12/1997 99:00  CX: 6651772978 CT: 87868 BH: 37998
Soise ID <b>8372</b>	'	1 6 20.60 = 28.60 ASSUM NAME