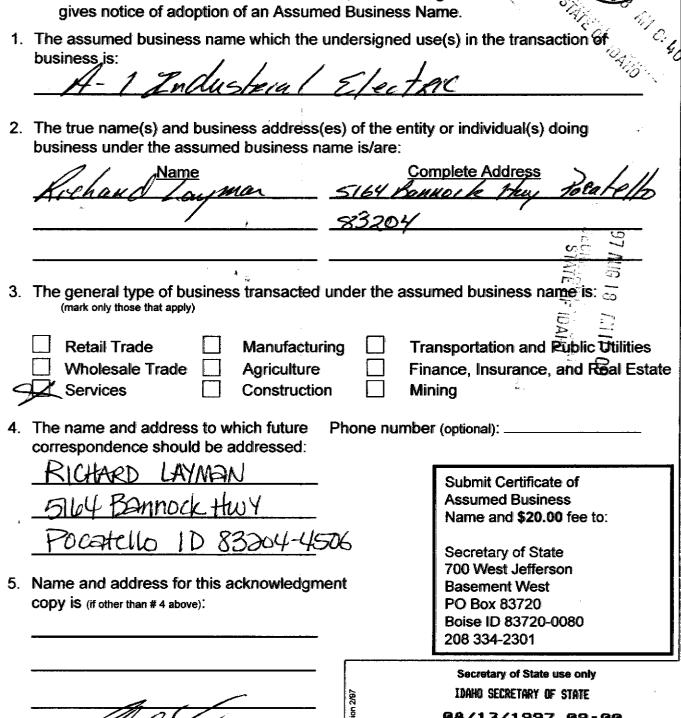
CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned



Signature:

Printed Name:

Capacity:

(see instruction # 8 on back of form)

08/13/1997 09:00 CX: 3789 CT: 85724 BH: 29380

1 0 20.00 = 20.00 ASSUM NAME