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 STATE OF IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: <u>BUGGELL M HAM-DBA</u> RH_ENTERPRISES	
2. The true name(s) and business address(es) of the entity or individual(s) doing	
business under the assumed business n <u>Name</u>	ame is/are: <u>Complete Address</u>
RUSSELL M HAM	<u>3079 N FIRELIGHT PL</u>
	MERIDIAN ID 83643
3. The general type of business transacted under the assumed business name is: (mark only those that apply)	
<ul> <li>Retail Trade</li> <li>Manufacturing</li> <li>Transportation and Public Utilities</li> <li>Wholesale Trade</li> <li>Agriculture</li> <li>Finance, Insurance, and Real Estate</li> <li>Services</li> <li>Construction</li> <li>Mining</li> </ul> 4. The name and address to which future Phone number (optional):	
correspondence should be addressed:	
<u>RUSSELL M HAM</u> <u>3079 N FIRELIGHT PL</u>	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
MERIDIAN ID 83643	Secretary of State 700 West Jefferson
5. Name and address for this acknowledgm COpy is (if other than # 4 above):	PO Box 83720
SAME_AS_ABOVE	Boise ID 83720-0080 208 334-2301
$\frown$	Secretary of State use only B IDANO SECRETARY OF STATE
Signature: Miss Millan	61/13/1999         699:06           CK: 1663         CT: 91756         BH: 178333           1 # 28.06         20.06         ASSUM MAKE # 2
Printed Name: RUSSELL M HAM	
Capacity: OWNER	$D_{22134}$
(see instruction # 8 on back of form)	t post

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