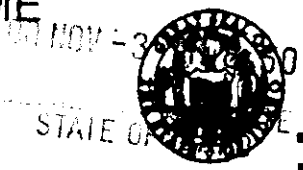


Prepaid Account 5753

# CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO  
Pursuant to Section 53-504, Idaho Code, the undersigned  
gives notice of adoption of an Assumed Business Name.



1. The assumed business name which the undersigned use(s) in the transaction of business is:

Jackson Carpets

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
<u>Dean R. Jackson</u>	<u>P.O. Box 1093</u>
<u>Peggy J. Jackson</u>	<u>Salmon, ID 83467</u>

3. The general type of business transacted under the assumed business name is:  
(mark only those that apply)

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade         | <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services                | <input type="checkbox"/> Construction  | <input type="checkbox"/> Mining                              |

4. The name and address to which future correspondence should be addressed:

Dean R. Jackson  
P.O. Box 1093  
Salmon, ID 83467

5. Name and address for this acknowledgment copy is (if other than # 4 above):

RCIPDA  
310 N. 2nd E., Suite 115  
Rexburg, ID 83440

Submit Certificate of Assumed Business Name and \$20.00 fee to:  
  
Secretary of State  
700 West Jefferson  
Basement West  
PO Box 83720  
Boise ID 83720-0080  
208 334-2301  
IDHHS SECRETARY OF STATE

FILED/EFFECT

NOV 13 11:31 AM '97  
STATE OF IDAHO

Signature: Dean R. Jackson

Printed Name: Dean R. Jackson

Capacity: Business Owner

(see instruction # 8 on back of form)

34161262000 by 09 00  
CK: NO CHECK # CT: 5753 BH: 360471  
1 @ 20.00 = 20.00 ASSUM NAME # 2

D40466

Revision 2/97