



CERTIFICATE OF ASSUMED BUSINESS NAME
(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO, MURRAY, I. P.M. 2-22

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Name. **SECRET NAME** OF STATE

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

GHOST DANCER INVESTIGATIONS

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
William D. FRANCIS PO # 21 Sweet Rd 83670

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

Retail Trade Manufacturing Transportation and Public Utilities
 Wholesale Trade Agriculture Finance, Insurance, and Real Estate
 Services Construction Mining

4. The name and address to which future correspondence should be addressed: **Phone number (optional):** 212-555-1234

William D. FRANCIS
PO # 21
Sweet, Ed 83670

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

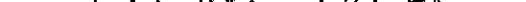
5. Name and address for this acknowledgment
copy is (if other than # 4 above):

Secretary of State use only

MEMO SECRETARY OF STATE

03/04/1998 09:00
CK: 5562 CT: 95184 BH: 87692

1.00 20.00 = 20.00 OSSUM NAME

Signature: 

Printed Name: WILLIAM D. FRANCIS

Capacity: OWNER
(see instruction # 8 on back of form)