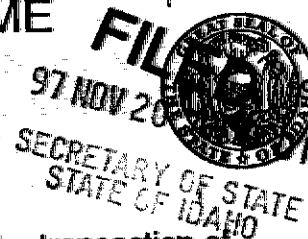


# CERTIFICATE OF ASSUMED BUSINESS NAME

(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:

FOREST SHORES HABITAT SPECIALISTS

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>DAVID W. ORTMANN</u>	<u>19370 S. FOREST SHORES DR.</u>
<u>BETTY L. ORTMANN</u>	<u>COEUR D'ALENE, ID 83814</u>

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

<input 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 checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

FOREST SHORES HABITAT SPECIALISTS  
19370 S. FOREST SHORES DR.  
COEUR D'ALENE, ID 83814

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

# 4

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

Signature: David W. Ortmann

Printed Name: DAVID W. ORTMANN

Capacity: President

(see instruction # 8 on back of form)

Revision 2/87

g:\corpforms\abn.pmf

IDAHO SECRETARY OF STATE ONLY

11/20/1997 09:00  
CK: NO CK # CT: 98871 BH: 56365

1 @ 20.00 = 20.00 ASSUM NAME

09867