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

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: SNAKE DIVER T	REAL ESTATE / 3
Real Surger Sans	E MANUEL ST.
2. The true name(s) and business address(es) of the entity or individual(s) doing	
business under the assumed business name is/are:	
J. Scott Mc NALLO 4	Complete Address 145 N. CAP, TAL AU
1	Dally Falls TD. 83402
 The general type of business transacted under the assumed business name is: (mark only those that apply) 	
 □ Retail Trade □ Wholesale Trade □ Agriculture □ Services □ Construction 	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4. The name and address to which future Phone number (optional): 523-12/6	
correspondence should be addressed:	One number (optional).
I Sport MeNALL	Submit Certificate of
act and and	Assumed Business
4965 CREENTREE LAV.	Name and \$20.00 fee to:
TOAKO FALLS TO \$3404	Secretary of State
5. Name and address for this acknowledgment	700 West Jefferson Basement West
CODY IS (if other than # 4 above).	PO Box 83720
,	Boise ID 83720-0080
	208 334-2301
	Secretary of State use only I MANO SELIZITARY OF STATE
	8 08/27/1997 09:00 E 01:464 CT: 8636 M: 33489
	ישרעי הוא פסטסט עון פרטר האי

Capacity: Owner

(see instruction # 8 on back of form)

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