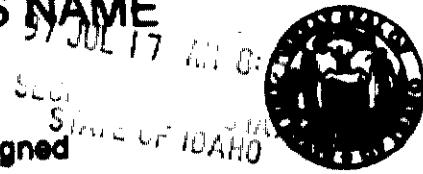


CERTIFICATE OF ASSUMED BUSINESS NAME

(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:

LC Consulting

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
Lori Clark

Complete Address
P.O. Box 901 Fruitland, Id 83619

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:

LC Consulting
PO Box 901
Fruitland, Id 83619

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

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

Secretary of State use only

Signature: Lori Clark

Printed Name: Lori Clark

Capacity: Owner

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE
07/17/1997 09:00
CK: 5265 CT: 04358 BH: 22895
1 @ 20.00 = 20.00 ASSUM NAME

D6439