CERTIFICATE OF ASSUMED BUSINESS NAME

To	the SECRETARY OF STATE, S' Pursuant to Section 53-504,	TATE OF Idaho Cor	IDAHO te the under	rsigned gives notice of
ade	option of an Assumed Business N	lame.	20, 010 01100	
	The assumed business name with business is:		ndersigned u	ise(s) in the transaction of
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
	Alkn Thacker Ir.	•	P.D. BO	Address A 35 A 73 43444
	455-5031			
3.	The general type of business tra	Insacted u	under the ass	umed business name is:
4.	The name and address to which correspondence should be addressed: Allen Tracker P.O. Box # 35 Minds before Signed			
		Ву _	7-1-	46
	Capacity			
•	Submit Certificate of Assumed Business Name and \$20.00 fee Secretary of State 700 West Jefferson	to:	Customer i	Secretary of State use only IMMS SECRETARY OF STATE 97/01/1998 09:00
	PO Box 83720 Boise ID 83720-0080		demolabh prof	CX: name CT: 100939 3H: 124594 1.8 20.00 - 20.00 ASSUM HAVE D 16365