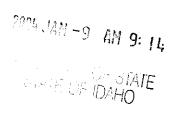


## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.



The assumed business name which the under business is:  Equal Voice	ersigned use(s) in the transaction of
2. The true name(s) and business address(es) of business under the assumed business name.  Name  Michael Welf	
3. The general type of business transacted und	
Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West
Michael Welp 606 Lakeview Blud Sandprobt, IO 83864	PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	Secretary of State use only
ignature: Muline My (signature paquired)	1DAHO SECRETARY OF STATE 1/09/2004 95:00 CK: 4002 CT: 158010 BH: 728817
Printed Name: Michael Welf  Capacity/Title: President  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  100 1/09/2004 05:00  CK: 4002 CT: 158010 BH: 720817  1 0 25.00 = 25.00 ASSUM NAME #