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 NameSTATE	
The assumed business name which the undousiness is:	
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
<u>Name</u>	Complete Address 758 N. SKYLINE DR. IDAHO
	FALLS, 10 83402
The general type of business transacted un (mark only those that apply)	ider the assumed business name is:
Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate Mining
 The name and address to which future P correspondence should be addressed: 	hone number (optional): 208) 535-05/2
CONNIE R. GARRIOTT 758 N. SKYLINE DR.	Submit Certificate of Assumed Business Name and \$20,00 fage to:
10 AHO FALLS, 10 83402 5. Name and address for this acknowledgmen copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature:	Secretary of State use only IMMO SECRETARY OF STATE 95/27/1998 99:88 CX: 1836 CT: 99243 BH: 113992
Capacity: PRESIDENT (see instruction # 8 on back of form)	1 0 20.00 = 20.00 ASSUM MARE 9