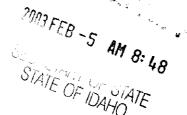
## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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	re filing.
The assumed business name which the und business is:	Jersigned use(s) in the transaction of
The Organizers	
2. The true name(s) and business address(es) business under the assumed business name Name  Patricia Bolding  ———————————————————————————————————	of the entity or individual(s) doing e: Complete Address PO. Box 5922 Ketchum, Tobb 0 8334
The general type of business transacted under	ler the assumed business name is:
Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  The Ovanizers P.O. Box 5922  Letchum, Idaho 8340  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  Phone number (optional):
	Secretary of State use only
ature: About de la	2 2

Sigi Printed Name: Capacity/Title: (2)(以)(

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

02/05/2003 05:00

CK: 5869 CT: 158010 BH: 661097

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