CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
	STATE OF IDAHO Idaho Code, the undersigned n Assumed Business Name.
The assumed business name which the business is: MoNAGLE FINAN	e undersigned use(s) in the transaction of
The true name(s) and business address business under the assumed business	name is/are:
HOMAS CARL MONAGLE	Complete Address , 2318 W. STATE BOISE FOAHO 83702
3. The general type of business transacted (mark only those that apply) Retail Trade Manufactum Myholesale Trade Agriculture Services Construction	uring Transportation and Public Utilities e
 The name and address to which future correspondence should be addressed: 23/8 W. STATE 	Phone number (optional):336 - 8765
BOKE, IDAHO 83702	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State
5. Name and address for this acknowledge copy is (if other than # 4 above):	700 West Jefferson ment Basement West PO Box 83720 Boise ID 83720-0080 - 208 334-2301
	Secretary of State use only IDAHO SECRETARY OF STATE
Signature: Amer Cay Monay	5 84/29/1999 89:88 CK: 1716 CT: 95399 BH: 211774
Printed Name: THOMAS CARL MONAGLE	1 8 28.88 = 28.88 ASSUM NAME 1 2
Capacity: PRESIDENT & CEO	D 8050/

(see instruction # 8 on back of form)