CERTIFICATE OF ASSUMED BUSINESS NAME CTIVE (Please type or print legibly. See instructions on reverse.)

Pursuant to Section 53-504, Idaho Code, the undersigned

gives notice of adoption of an	Assumed Business Name.
The assumed business name which the business is:	undersigned use(s) in the transaction of
II	TERPRISES
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
Name	Complete Address
Dennis Holte Mitzi Holte	1116 N.DAWN ON Boise Id 83713
	Same
The general type of business transacted under the assumed business name is: (mark only those that apply)	
Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Book Table
4. The name and address to which future F correspondence should be addressed: DMH ENTERPRISES	Phone number (optional):
1116 N. DAWN PR.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
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
	Secretary of State use only IDANO SECRETARY OF STATE
Signature:	IDAHO SECRETARY OF STATE 11/21/2000 09:00 CX: CASH CT: 138762 BH: 362157
Printed Name: Dennis Holte	1 € 28.80 = 29.80 ASSUM NAME # 2

D40056

Capacity: Owner (see instruction # 8 on back of form)