Signature:___

Capacity: Sole Owner

Printed Name: STEPHEN R. KROGH

(see instruction # 8 on back of form)

NOV-28-00 12:49PM;

	CERTIFICATE OF ASSUM (Please type or print legibly. S	ee instructions on reverse.)	
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the understaned TARY OF STATE gives notice of adoption of an Assumed Business Name TATE OF UP ATE			
1.	The assumed business name which the und business is:	dersigned use(s) in the transaction of	
	ACCESS CAPITAL RESOUR	<u>-ES</u>	
2.	 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	
	STEPHEN R. KROGH 1	2456 SITKA DRIVE BOISE ID	
		837/3	
3.	3. The general type of business transacted under the assumed business name is: (mark only those that apply)		
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining	
4 .	4. The name and address to which future Phone number (optional): (208) 939-0610 correspondence should be addressed:		
	12456 SITKA DRIVE	Submit Certificate of Assumed Business	
7	BOISE, ID. 83713	Name and \$20.00 fee to:	
	Name and address for this acknowledgment 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	

IDAHU SECRETARY OF STATE

11/36/2666 69:00 CK: 865 CT: 139867 MH: 363743

1 8 20.98 = 20.80 ASSUM NAME # 2

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