	CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)		
(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 Name.			
1.	The assumed business name which the undersigned use(s) in business is:      Pinnacle matrix. com	the transaction of	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Pinnacle Madrix Inc. 802 Sunvis 6 134662 Twin Fell		
3.	3. The general type of business transacted under the assumed business name is: (mark only those that apply)		
	Retail Trade		
4.	The name and address to which future correspondence should be addressed:  Eclit Granto  Submit Certificate of		
	802 Sunvise Blod Name Name	med Business e and <b>\$20.00</b> fee to:	
5.	5. Name and address for this acknowledgment copy is (if other than # 4 above):  PO B Boise	etary of State Vest Jefferson ment West ox 83720 e ID 83720-0080 334-2301	
		retary of State use only	
Signat	nature: Seit beur 1	NO SECRETARY OF STATE 1 <b>05/2000 09:00</b> 32 CT: 133170 BH: 331323	
Printed	ted Name: Edit 62anto	20.00 = 20.00 ASSUM NAME # 2	

(see instruction # 8 on back of form)

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