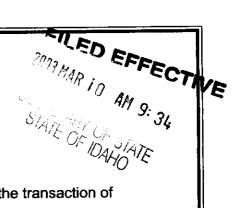


CERTIFICATE OF ASSUMED BUSINESS NAME

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 filing.



Blac	ack Ketchum Shooto	ut Gang
The true name(s) and business a business under the assumed business walt Cochran Nate White	ness name:	ntity or individual(s) doing Complete Address O. Box 5591, Ketchum, ID 83340 O. Box 5591, Ketchum, ID 83340
Lisa Loynd		.O. Box 5591, Ketchum, ID 83340
	sacted under the a sportation and Pul struction	
Services Ag Manufacturing Min Finance, Insurance, and R The name and address to which	al Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State
Blackjack Ketchum Shootout Gang Attn: Lisa Loynd P.O. Box 5591 Ketchum, ID 833	sed: 	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this ack copy is (if other than # 4 above):	owledgment	Phone number (optional): (208) 788-3572
	stn.p65	Secretary of State use only
nature: (signature required)	forms\k	
ited Name: Walt Cochran	formstebn forms/	
pacity/Title: President (see instruction # 8 on back of form)	g:\corpiforms\abn forms\abn.p65	IDAHO SECRETARY OF STATE 03/10/2003 05:0 CK: 1937 CT: 168085 BH: 667

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