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

4	Pursuant to Section 53-504, Idah gives notice of adoption of an Ass	
	e assumed business name which the und siness is:	700 C
	ne true name(s) and business address(es) isiness under the assumed business name Name	
	Blame Fallingin P	20. Box 4036 Hailey, Id 83333
4. Th	rrespondence should be addressed:	
	Copper Mtn. Lountains PO. Box 4036 HAIP TO 93333 ame and address for this acknowledgmen opy is (if other than # 4 above): Blaine Following	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Signature	Hailey, Id. 933333 Blane Fill	Secretary of State use only

Printed Name: Blaine Fillinging Capacity: Owner, month

(see instruction # 8 on back of(form)

IDAHO SECRETARY OF STATE
11/21/2001 05:00
CK: 632 CT: 153658 BH: 430980
1 0 20.00 = 20.00 ASSUM NAME # 2

D 500 21