CERTIFICATE OF ASSUMED (Please type or print legibly. See instr	BUSINESS NAME uctions on reverse.)
To the SECRETARY OF STATE, STATE Of Pursuant to Section 53-504, Idaho Co	FILED/EFFECTE
The assumed business name which the updates is:	undersigned use(s) in the transaction ATE STATE OF IDAHO
Twin Falls / Jerome	
 The true name(s) and business address(e business under the assumed business named) 	es) of the entity or individual(s) doing ame is/are:
Robert D Tanner	Complete Address 5431 US HWY- 93
Barbara Tanner	Jerome. 10 83338
3. The general type of business transacted un (mark only those that apply) Retail Trade Manufacturing Wholesale Trade Agriculture Construction 4. The name and address to which future correspondence should be addressed:	Transportation and Public Utilities Finance, Insurance, and Real Estate
5. Name and address for this acknowledgmen copy is (if other than #4 above): P.O. Box 87 Win Falls 10 83303	Secretary of State
JIMIN 10000 113 8 3335	Secretary of State use only
Signature: X Colt D. Carro	IDAHO SECRETARY OF STATE 05/10/2001 09:00
Printed Name: Robert Tanner	CK: 953756 CT: 24885 3H: 396286 1 0 20.88 = 20.00 ASSUM NAME 1 3
Capacity: ONNW (see instruction # 3 on back of form)	1 8 28.88 = 20.88 ASSUM NAME # 3 D4523/