Capacity: OWNEX

(see instruction # 8 on back of form)

	CERTIFICATE OF ASSU (Please type or print legibly.  To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Ida gives notice of adoption of an A	TE OF IDAHC	undersigned
1.	The assumed business name which the ubusiness is:  BLUE CORN		
2.	The true name(s) and business address(e business under the assumed business name  Name  Duke EPPERSON	me is/are: <u>Cor</u>	or individual(s) doing  nolete Address
			POINT ID 83869
3.	The general type of business transacted usual (mark only those that apply)  Retail Trade	ng 🔲 Tra.	nsportation and Public Utilities ance, Insurance, and Real Estate
4.	The name and address to which future correspondence should be addressed:  Duke Epperson  432 So. Huron Ave  SANDPOINT ID \$3864	Phone number	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	ent	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Name: Duke EPPERSON	n.pdó Reveson 1/88	Secretary of State use only  IDAHO SECRETARY OF STATE  04/17/1998 69:06  CK: 185 CT: 97468 8H: 1928/2  1 \$ 28.86 = 28.86 ASSUM NAME

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