FILED/EFFECTIVI

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

To the SECRETARY OF STATE, STATE OF IDAHO

Printed Name: MICHAEL J. COUCHLIN / KIRSTEN COUCHLIN

(see instruction # 8 on back of form)

Capacity:

Pursuant to Section 53-504, Idaho Code, the undersigned

	gives notice of adoption of an Assume	d Business Na	ame. 01 JAN -5 AN 10: 30
1.	The assumed business name which the undersigned use(s) in the transaction of IDAHO business is:		
	SYRINGA PROPERTIES		
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	<u>Name</u>	Complete Address	
			S ROAD, SUITE 503 - BOISE, ID 83706
	KIRSTEN COUCHLIN	COUCHLIN 901 N. CURTIS ROAD, SUITE 503 - BOISE, ID 83706	
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 Phone number (optional):correspondence should be addressed:		
	MICHAEL J. & KIRSTEN COUCHLIN		Submit Certificate of
	901 N. CURTIS ROAD, SUITE 503		Assumed Business
	30112 303		Name and \$20.00 fee to: Secretary of State
	BOISE, IDAHO 83706		
5.	Name and address for this acknowledgment copy is (if other than # 4 above): IDAHO INDEPENDENT BANK		700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
			208 334-2301
	317 N. 9TH STREET		Secretary of State use only
٠	BOISE, IDAHO 83702	n 2/97	01/05/2001 09:00
Signatu	ire: mun Panel Kinten Cough	Revision 2/97	CX: 1587 CT: 148438 BH: 378978

D41582