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

To the SECRETARY OF STATE, STATE OF IDAHO

(F)	Pursuant to Section 53-504, Idar	no Code, the undersigned state of the state
1.	gives notice of adoption of an As The assumed business name which the und business is:	dersigned use(s) in the transaction of
	CITATION FINANC	CIAL PARTNERSHIP
2.	The true name(s) and business address(es business under the assumed business name	
7 /hr / No	<u>Name</u>	Complete Address
	Sage Financial Corporation I	
	(5B Investments, Inc	
8594	g Christopher T. duPont, Inc. I	P.O. Box 388, Sun Valley, ID
4.	(mark only those that apply) Retail Trade	Transportation and Public Utilities Tinance, Insurance, and Real Estate Mining hone number (optional):
5.	Sage Financial Corporation P.O. Box 1065 Sun Valley, ID 83353 Name and address for this acknowledgment copy is (if other than # 4 above):	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
	,	Secretary of State use only 1940 SECKETARY OF STATE

1 # 20.00 = 20.00 ASSUM NAME # 2

D 37673

Printed Name: Steven Giacobbi Capacity: President

(see instruction # 8 on back of form)