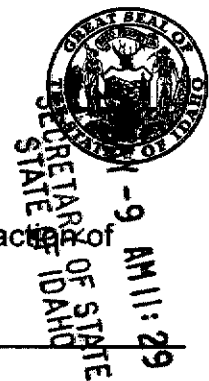


CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.



1. The assumed business name which the undersigned use(s) in the transaction of business is:

MONUMENT MARKETING

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name

Complete Address

Kathryn M. Stonehocker 6519 Main, Suite 307, Bonners Ferry, ID
83805

Street address: 6708 Stephens
Bonnerr Ferry, ID 83805

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed: Phone number (optional): (208) 267-8255

Kathryn Stonehocker
6519 Main St., Suite 307
Bonnerr Ferry, ID 83805

5. 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

Signature: Kathryn M. Stonehocker

Printed Name: Kathryn M. Stonehocker

Capacity: president
(see instruction # 8 on back of form)

Revision 2/97 g:\corpform\stabin.pmf

IDAHO SECRETARY OF STATE
DATE 05/09/1997
0900 91257 2
CK #: 7 CUST# 81171
ASSUM NAME 1@ 20.00= 20.00

: D 4339