	CERTIFICATE OF ASSUM (Please type or print legibly. Se To the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Idaho	e instructions on reverse.
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned of the section of an Assumed Business Name (1) of the secretary of the section of an Assumed Business Name (1) of the secretary of the section of t		
1.	1. The assumed business name which the undersigned use(s) in the transaction of business is:	
	- CHASSIC LINES Web	1/esigns
2.	 The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: 	
	Michael Sowers 20	Complete Address N. RossEvelt BoisE, ID 83706
3.	The general type of business transacted und	er the assumed business name is:,
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Transportation and Public UtilitiesFinance, Insurance, and Real EstateMining
4.	The name and address to which future correspondence should be addressed:	one number (optional):308-389-2875
,	Michael Sowers 203 N. Rosevelt	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		Secretary of State use only
		06/10/1999 09:00 CK: 1017 CT: 116638 3M: 224460
Signatu	reffichal Down	1 0 26.00 = 26.00 ASSUM NAME 1 2
Capacity: Dunier Dunier Date Date Date Date Date Date Date Date		
Capaci	ity: <u>Owner</u>	

(see instruction # 8 on back of form)