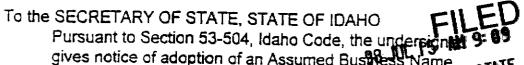
## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)





gives notice of adoption 1. The assumed business n	on of an Assumed B	Business Name STATE
<ol> <li>The assumed business no business is:</li> </ol>	ame which the unde	ersigned liftie transaction of
Olde Towne Pri	inting and Grap	phics
The true name(s) and bus business under the assure	siness address(es) o ned business name	of the entity or individual(s) doing e is/are:
Name Tadadiak W		Complete Address
Jedediah Hammond		568 Madrona Twin Falls, ID 83
The general type of busine (mark only those that apply)	ess transacted unde	ier the assumed business name is:
Retail Trade Wholesale Trade Services	Manufacturing Agriculture Construction	<ul><li>Transportation and Public Utilities</li><li>Finance, Insurance, and Real Estat</li><li>Mining</li></ul>
<ol> <li>The name and address to correspondence should be Jedediah Hammond</li> </ol>		one number (optional): 208-735-9127
568 Madrona	**************************************	Submit Certificate of Assumed Business
71/2/1/4		Name and \$20.00 fee to:
Twin Falls, ID  5. Name and address for this copy is (if other than # 4 above):  D.L. Evans Bank Attn: Dawn P.O. Box 87	83301 s acknowledgment	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	2262	Secretary of State use only
Twin Falls, ID 83	Hausaion 2797	IDAHO SECRETARY OF STATE
nature:	Ravis	07/15/1998 09:00 Ot: 1 CT: 181505 BM: 128185
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ned Name. December 2 1/2	guaron =	1 0 20.00 = 20.00 ASSUM WANTE
Dacity: Jedediah Hammond	and another and and another an	1 0 20.00 = 20.00 ASSUM HAME  # D 16705