CERTIFICATE OF ASSUMED BUSINESS NAME

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:

   Moccasin Trails

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	Address
Harold Williams	P.O. Box 207 Ft Hall, Id 83203
Lunita Williams	P.O. Box 207 Ft Hall, Id 83203

3. The general type of business transacted under the assumed business name is:

   Native American Arts and crafts

   See categories on the reverse

4. The name and address to which correspondence should be addressed:

   Harold Williams

   PO Box 207 Ft Hall, Id 83203

Signed Harold Williams

By Harold Williams

Capacity CEO/President Moccasin Trails

Submit Certificate of Assumed Business Name and $20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

IDAHO SECRETARY OF STATE
07/23/1997 09:00
CK: 66542051160 CT: 84661 BH: 23766
1 @ 20.00 = 20.00 ASSUM NAME

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