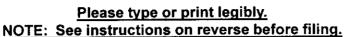


Capacity/Title: ORGANIZER

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME Assumed Business Name. Assumed Business Name.

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.



1. The assumed business name which the under business is: Prairie Potocur	
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name Capole Curtis	of the entity or individual(s) doing
Wholesale Trade Construction Services Agriculture Manufacturing Mining	er the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$20.00 fee to:
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: (AROLE CURTIS 3185 SONNY St MHN Home 1D 83647 5. Name and address for this acknowledgment	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
COPY is (if other than # 4 above):	Secretary of State use only
Printed Name: Capa le CRTIS -	IDAHO SECRETARY OF STATE O1/16/2003 05 = 90 CK: 2127 CT: 158810 BH: 657248 1 @ 28.88 = 28.88 ASSUM NAME # 2