CERTIFICATE	OF	ASSUMED	BUSINESS	NAME
			. EMAN	

CENTIFICATE OF A	ASSOVIED BUSINESS NAIVIE
To the SECRETARY OF STATE, STA	laho Code, the undersigned gives notice of
adoption of all Assumed Dusiness No	ame.
 The assumed business name white business is: 	ch the undersigned use(s) in the transaction of
CAPITAL	FUNDING RESOURCES
2. The true name(s) and business ac business under the assumed busi	ddress(es) of the entity or individual(s) doing ness name is/are:
<u>Name</u>	<u>Address</u>
ROGER D. MANA	
	SPIRIT LAKE ID. 83869
	<i>'</i>
3. The general type of business tran-	sacted under the assumed business name is:
8) FINANCIAL	
See categories on the reverse	
	•
4. The name and address to which of	correspondence should be addressed:
ROGER D. MANA	·
P.O. BOX 1/2 Sp	irit. Lake Id. 83869-0112
, ,	signed Roger D. Mond
	Capacity PRESIDENT
Submit Certificate of Assumed Business Name and \$20.00 fee to	Customer#
business warme and \$20.00 fee to	Secretary of State use only
Secretary of State	
700 West Jefferson	IDAHO SECRETARY OF STATE DATE 01/06/1997 0900 52165
PO Box 83720 Boise ID 83720-0080	<u> </u>
BUISE ID 63720-0060	EX #: 1002 CUST# 74201 PASSUM NAME
	18 20.00= 20.00

D.