CE	RTIFICATE OF ASSUMED B (Please type or print legil		S NAME FILED	
	the SECRETARY OF STATE, STATE OF Pursuant to Section 53-504, Idaho Cod gives notice of adoption of an Assumed	le, the unders I Business N	signes MAY 13 AM ame ame SCRETARY OF STATE	
1.	The assumed business name which the ur business is:	ndersigned u	se(s) in the transaction of	
	Campcare			
2.	The true name(s) and business address(es business under the assumed business name	ne is/are:		
	Robert Cook	P 0 Box 4	omplete Address 190, Island Park, ID 83429	
	Shirley Cook	P O Box 4	490, Island Park, ID 83420	
3.	The general type of business transacted us (mark only those that apply)	nder the assi	umed business name is:	ţ
	Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction	Fir	ansportation and Public Utilities nance, Insurance, and Real Estat ining	le .
4.	The name and address to which future correspondence should be addressed:			
	Campcare		Submit Certificate of Assumed Business	
	% Robert Cook		Name and \$20.00 fee too	
	P O Box 490 Island Park, ID 8342 9		Secretary of State	
5.	Name and address for this acknowledgmer copy is (frother than # 4 above): Robert Cook Z Bank of Eastern Idaho	nt	700 West Jeffersor Basement West OF Box 83720 OF Boise ID 63720-0080 OF SECOND OF SECO	
	P 0 Box 649 Ashton, 1D 83420		Secretary of State use only	لــُــ
	Attn: Mary	283		
Signature: Short Conh		Revis on 2/83	IDAMO SECRETARY OF STATE	
rinted	Name: Robert Cook	£	05/13/1998 89:06	
Capacity:			CX: 34638 CT: 1049 IN: 110257	
(see instruction # 8 on back of form)		D'ECTPIKATI MEN, PATE	D 14911	
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