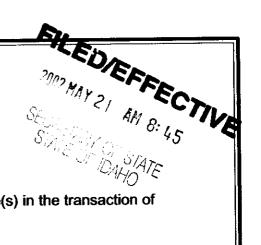


CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.



KT Transcription	
The true name(s) and <u>business</u> address(es) of the business under the assumed business name:	e entity or individual(s) doing <u>Complete Address</u> HC 79 Box 262 Melba, ID 83641
3. The general type of business transacted under t	the assumed business name is:
Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: KT Transcription HC 79 Box 262 Melba, ID 83641 5. Name and address for this acknowledgment copy is (if other than # 4 above):	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
Mathrip865	Secretary of State use only
ignature: Angus (signature required) rinted Name: Tangie L. Frisch capacity/Title: Owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 05/21/2002 05:00 CK: 3645 CT: 158019 BH: 467002 1 0 20.00 = 20.00 ASSUM NAME #

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