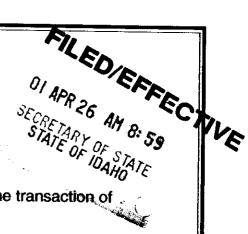


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



The assumed business name which the und business is:	
Pend Oreille Max,	trace
The true name(s) and <u>business</u> address(es) business under the assumed business name:	of the entity or individual(s) doing
<u>Name</u>	Complete Address
Pend Oreille Insurance Services, Inc	318 Pine Street
C /34320	P.O. Box 1087
	Sondpoint ID 87864
3. The general type of business transacted unc	/
Retail Trade Transportation and Public Utilities Wholesale Trade Construction	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: Pend Oreille Insurance Services 318 Pine Street 5and point ID 83864	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	Phone number (optional): (208) 263-2169
	Secretary of State use only
	IDAHO SECRETARY OF STATE
Signature: James 1997	04/26/2001 09:00 CK: 1547 CT: 145586 BH: 393555
Printed Name: David W. Brown	CK: 1547 CT: 145586 BH: 393555 1 2 29.80 = 29.86 ASSUM HAME # 2
Capacity: President	IDAHO SECRETARY OF STATE 94/26/2001 09:00 CK: 1547 CT: 145586 BH: 393555 1 9 20.00 = 20.00 ASSUM NAME # 2
(see instruction # 8 on back of form)	L 44822