CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

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	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:										
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IDANO SECRETARY OF STATE

03/19/1999 09:00 CK: 1001 CT: 112005 BH; 190599

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Capacity:

Printed Name: LLLA R. HAVENS

MANAGER (see instruction # 8 on back of form)