	CERTIFICATE OF ACCUMED BUILDINGS						
	CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly)						
	SEGONDARY OF STATE						
	1. The assumed business name which the undersigned use(s) in the transaction of business is:						
A CANADA							
	 The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: 						
		Complete Address 15 Black tank II.					
	BIS 1	RATH ADAD BIE.					
	The general type of business transacted under the as (mark only those that apply)	sumed business name is:					
	wholesale Trade Agriculture	ransportation and Public Utilities inance, Insurance, and Real Estate					
4. The name and address to which future							
	correspondence should be addressed: COODMAN DESTEN WILLSTIKSCHEEN	Submit Certificate of					
	DOBOX 45	Assumed Business Name and \$20.00 fee to:					
	Blanchard ID. 83804	Secretary of State 700 West Jefferson					
	 Name and address for this acknowledgment copy is (if other than # 4 above); 	Basement West PO Box 83720					
		Boise ID 83720-0080 208 334-2301					
		Secretary of State use only					
Sign	mature: Limes of Landons	IDANO SECRETARY OF STATE 65/66/1998 69:00 CK: 68881389131 CT: 98257 BH: 167912					
	ated Names Karaga and To	1 8 28.88 = 28.86 ASSUM NAME					
H	pacity: <u>Duver</u>	D 14687					
	(see instruction # 8 on back of form)						
	Enclosed 40 0 M.D. 243						

STATE OF IDAHO OFFICE OF THE SECRETARY OF STATE

700 W JEFFERSON ROOM 203

PO Box 83720 BOISE, ID 83720-0080

Phone: (208) 334-5355

Fax: (208) 334-2847



KIMERA GOODMAN

PO BOX 45

BLANCHARD

ID 83804

Batch Number: 107912

Customer Number: 98257

Check Number: 68881389131

Dated: 5/6/98 1

Туре	Qty	<u>Description</u>	<u>Each</u>	Extended
10	1	DEDICATED REFUND OVER PAYMENT	\$20.00	\$20.00
		GOODMAN DESIGN AND SILK-SCREE	^_	

REFUND \$ 20.00

Please allow 2 weeks to receive your refund check.

Please reference your customer number, batch number,
and check number on all correspondence with our office.

APPLICATION FOR RESERVATION OF LEGAL ENTITY NAME

98 MAY -6 AH 8: 36
To the Secretary of State of Idaho, SECRETARY OF STATE 700 W Jefferson, Basement West STATE OF IDAHO PO Box 83720 Boise, Idaho 83720-0080



Pursuant to section 30-1-402 and 53-607, Idaho Code, the undersigned applies for reservation of the following name for a period of four months:

COODMAN DESTIGN NO SILK-SCREEN (please print or type)

Dated:

Reserved by: KIMERA

Name of owner (print or type)

Signature of applicant or, if applicant is a corporation, of officer or agent

City, State, Zip Code

This application must be accompanied by a filing fee of \$20.00. The reservation will be effective for four months from the date of filing.

I NOW CECONET STENED ESS TANG

05/06/1998 09:00: CK: 68881389131 CT: 96257 MH: 187912,

1 8 28.88 = 28.88 RES FOUR M

File two (2) copies

Enclosed 4000 M.C.