	CERTIFICATE OF ASSUME (Please type or print legibly. See i	ED BUSINESS NAME instructions on reverse.)
10 300	To the SECRETARY OF STATE, STATE ( Pursuant to Section 53-504, Idaho ( gives notice of adoption of an Assur	med Business Name. TATE OF STATE OF STA
1.	The assumed business name which the under business is:    UIId Hare Junct	rsigned use(s) in the transaction of the transactio
2.	The true name(s) and business address(es) of business under the assumed business name is	is/are:
	Kelly Coff 20	Complete Address DIF DVEVIAND AVE BUYIEY, IA 83318
3.	The general type of business transacted unde	er the assumed business name is:
	Retail Trade	<ul><li>Transportation and Public Utilities</li><li>Finance, Insurance, and Real Estate</li><li>Mining</li></ul>
4.	The name and address to which future Pho correspondence should be addressed:	one number (optional):
	Burley ab 83318	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	160 5. Hwy 24  Pupert Alaba 83370	Secretary of State use only IDAHO SECRETARY OF STATE

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10/19/2000 09:00 CK: 2365 CT: 137436 BH: 355589

1 @ 29.80 = 29.88 ASSUM NAME # 2

D 39844

Signature: Lecon Color

Printed Name: KCYIV (544)

Capacity: Owner

(see instruction # 8 on back of form)