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

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, I gives notice of adoption of an	daho Code, the undersigned名 部 8: 53 Assumed Business Name
t. The assumed business right which the business is:	nunetaiñuen nae(a) u। nia nausachiài ଓ)
_ Interstate Broker	<u> </u>
2 The true name(s) and business address(business under the assumed business named	es) of the entity or individual(s) doing
Michael Bruce Jones	Complete Address HCC 62 Box 150
	Mayie Springs, Idaha
	83845
The general type of business transacted (mark only those that apply)	under the assumed business name is
Retail Trade Manufacture Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
 The name and address to which future correspondence should be addressed: 	Phone number (optional) (208)267-7464
Mayie Springs, Idaha 8384	Submit Certificate of ** Assumed Business
(Name and \$20,00 fee to.
5. Name and address for this acknowledgme 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
	Secretary of State 494 OF STATE
Signature: huchard Bryan Jane	18/28/1999 89:00 CK: 359 CT: 122277 BH: 261564
Printed Name: Michael B. Jones	1 6 28.98 = 20.00 ASSUM NAME # 2
Capacity: Broker/Owner	D30395
(see instruction # 6 on beat of form)	` .