

CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of
adoption of an Assumed Business Name.

1. The assumed business name which the undersigned uses(s) in the transaction of
business is:

ARTIFACTS

2. The true name(s) and business address(es) of the entity or individual(s) doing
business under the assumed business name is/are:

Name	Address
<u>Michael A. Jones</u>	<u>4338 Chinden Blvd. Boise, Id 83714</u>
<u>Gail Jones</u>	<u>4338 Chinden Blvd, Boise, Id 83714</u>

3. The general type of business transacted under the assumed business name is:

Wholesale - Trade

See categories on the reverse

4. The name and address to which correspondence should be addressed:

ARTIFACTS

4338 Chinden Blvd, Boise, ID 83714

Signed Michael A. Jones

By Michael A. Jones

Capacity owner

Submit Certificate of Assumed
Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only

IDAHO SECRETARY OF STATE
05/20/1998 09:00
CX: CASH CT: 98974 BH: 112247

1 @ 20.00 = 20.00 ASSUM NAME

Revision 10/96

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05/20/98