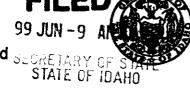
Capacity: PRESIDENT

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly)



	e assumed business name which the siness is:	undersigned u	se(s) in the transaction of
	PSZ ASSOCIATE	<u> </u>	
	e true name(s) and business address siness under the assumed business n		y or individual(s) doing
	<u>Name</u>	Co	emplete Address
4	ARON BRICE CUIP	357 NORTH 55 WEST	
		TDANO 1	PALIS IDANO 83402
3. The	e general type of business transacted (mark only those that apply)	under the assu	ımed business name is:
con	Services Construction name and address to which future respondence should be addressed:	n [_] Mii - -	ning Submit Certificate of
	357 NORTH SS WEST		Assumed Business Name and \$20.00 fee to:
	BB OVACII, ELICET OHACE		
	ne and address for this acknowledgm	3462 ent	Secretary of State 700 West Jefferson Basement West
5. Na n		3462. ent	700 West Jefferson
5. N an	ne and address for this acknowledgm	3462 ent	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080
5. Na n	ne and address for this acknowledgm	S462. Bent	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301