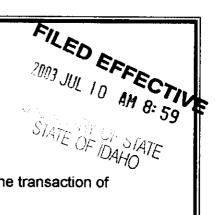


CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.



Accident Recons	struction Consultants
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:	
Name	Complete Address
Steven D. Kukuruza	6491 E. Seltice Way
	Post Falls, ID. 83854
3. The general type of business transacted u	nder the assumed business name is:
	n and Public Utilities
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Steven D. Kukuruza 6491 E. Seltice Way Post Falls, ID. 83854 5. Name and address for this acknowledgments	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
COPY IS (if other than # 4 above).	(208) 964-1195
	Secretary of State use only
nature: Steven D. Kukuruza pacity/Title: Sole Proprietor (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE OF 1997 CT: 150010 BH: 6963