

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

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 use(s) in the transaction of business is:

RIVER CITY AUTO SALES

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

<u>Name</u>	<u>Complete Address</u>
<u>HGM, INC.</u>	<u>720 W. BROADWAY, IDAHO FALLS ID 83402</u>
<u>GREG MEAD</u>	<u>240 TAUTPHAUS DR. IDAHO FALLS ID 83402</u>
<u>HOWARD AND CAROL MEAD</u>	<u>13215 ALEPPA DR. SUNCITY W, AZ 85375</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

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

BANK OF EASTERN IDAHO

ATTN: JULIE

1800 CHANNING WAY

IDAHO FALLS ID 83404

5. Name and address for this acknowledgment copy is (if other than # 4 above):

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

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: *Greg Mead*

Printed Name: GREG MEAD

Capacity: PRES. HGM, INC.

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

02/22/1999 09:00
CX: 2813 CT: 1049 BH: 109838

1 @ 20.00 = 20.00 ASSUM NAME # 2

Revision 2/97

g:\corp\forms\abn.pmf

D23351