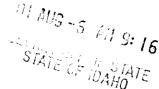
CERTIFICATE OF ASSUMED BUSINESS NAME



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 filling. 1. The assumed business name which the undersigned use(s) in the transaction of business is:	
~ \ / / / / / / /	entity or individual(s) doing Complete Address X 728, New Mindows, 112 93654 X 728, New Mindows, 112 83654
3. The general type of business transacted under the Retail Trade	
4. The name and address to which future correspondence should be addressed: Office Express POBOX 728 New Medaws, ID 93654	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than #4 above): 	Phone number (optional): 208-347-4188
Ochan IRI Ingela Jago	Secretary of State use only

Signature: (MI) PERKINS **Printed Name:** Capacity: Partner PARTNER (see instruction #8 on back of form)

IDAHO SECRETARY OF STATE

98/19/2001 95:00

CK: 1818 CT: 149932 BH: 412937
1 9 28.88 = 28.88 ASSUM NAME # 3