

CERTIFICATE OF

FLED EFFECTIVE ASSUMED BUSINESS NAME DEC 12 AM 8: 45 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.

STATE OF IDAHO

 The assumed business name which business is: 	the undersigned use(s) in the transaction of
-SAM'S LOAN	
business under the assumed business in Name	ress(es) of the entity or individual(s) doing ss name: <u>Complete Address</u> 262 So. Old Hwy 91 Inkom, ID 83245
The general type of business transations.	cted under the assumed business name is:
Retail Trade Transp Wholesale Trade Const Services Agricu Manufacturing Mining Finance, Insurance, and Real	ture Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed	
 Name and address for this acknow copy is (if other than # 4 above): 	edgment Phone number (optional): 208-233-6176
Zions Bank	
1590 Yellowstone Ave.	Secretary of State use only
Pocatello, Idaho 83201 Signature: Printed Name: Capacity/Title: (see instruction # 8 on back of form)	IDANO SECRETARY OF STATE 12/12/2003 05:00 CK: 61-840544724 CT: 153700 DH: 716274 1 0 25.00 = 25.00 ASSUM NAME # 2