

Printed Name: M.KC

(see instruction #8 on back of form)

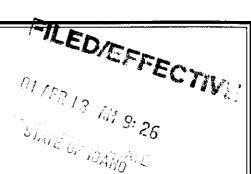
Capacity: PRES -

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.



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The assumed business name which the undersigned business is:	d use(s) in the transaction of
CBC SIGNS	
2. The true name(s) and <u>business</u> address(es) of the en business under the assumed business name: Name OFFITALE ONCEP	Complete Address
3. The general type of business transacted under the a	ssumed business name is:
Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: CREATIVE BUSACOMERS	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720
250 CLASHINGTON SI TWIN FACCT ID. 1955	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COPY is (if other than # 4 above).	208-734-9988
92	Secretary of State use only IDAHO SECRETARY OF STATE
Signature:	04/13/2001 09:00 CK: 11650 CT: 118487 BH: 391883 1 P 29.90 = 20.00 ASSUN NAME # 2