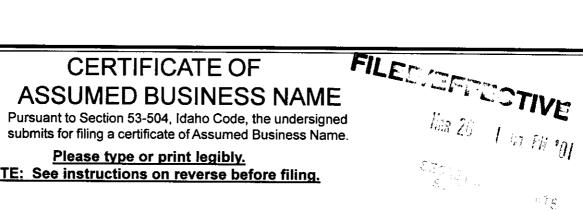


Capacity: Owner

(see instruction #8 on back of form)

NOTE: See instructions on reverse before filing.



DH3909

The assumed business name which the unders	igned use(s) in the transaction of
business is: $PMP Solv$	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Sary L. Bahr  21	ne entity or individual(s) doing  Complete Address  N. Owyhee Boise ID  83706
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:  Gary L. Bahr  217 N. Owyhee  Boise ID 83706	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ol>	Phone number (optional): 208-389-1371
98	Secretary of State use only IDAHO SECRETARY OF STATE
gnature: Lay L. Bahr	03/28/2001 09:00 CK: 6088 CT: 144242 BH: 387566
rinted Name: (70.5 u ) Bahr	1 0 20.06 = 20.08 ASSUM MANE # 2