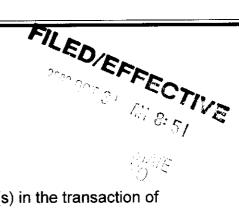


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



The assumed business name which the under	rsigned use(s) in the transaction of
business is:	
Winter's Extreme	Head Wear
The true name(s) and business address(es) of business under the assumed business name: Name Bridget Hilzman-Warr 84	
	er the assumed business name is: and Public Utilities
 Wholesale Trade	Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: Winter's Extreme Head Wear 841 N. 3900 E.	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Rigby, ID 83442 5. Name and address for this acknowledgment copy is (if other than #4 above):	Phone number (optional):
Allied Financial Services PO Box 674 Rexburg, ID 83440 Signature: Budat Allian · Wan	Secretary of State use only
Printed Name: Bridget Hilzman-Warr Capacity/Title: Owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 10/31/2002 05:00 CK: 1001 CT: 164643 BH: 643549 1 8 20.00 = 20.00 ASSUM MAHE #