227			<u>, </u>	
1.	CERTIFICATE OF ASSUM (Please type or print legibly. S) To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idah gives notice of adoption of an As The assumed business name which the und business is: AKEIK Films	ee instruction E OF ID/ no Code, ssumed B	ctions on reverse.) AHO the undersigned susiness Namer	
2.	The true name(s) and business address(es business under the assumed business name $Steve Glines$	ne is/are:	ntity or individual(s) doing Complete Address Dora St Idaho 83702	
3.	The general type of business transacted un (mark only those that apply)	ider the a	Transportation and Public Utilities	
4.	Wholesale Trade Agriculture Services Construction The name and address to which future P correspondence should be addressed: Services Steve Services	hone nur	Finance, Insurance, and Real Estat Mining nber (optional): <u>208</u> 331-2073 Submit Certificate of	e T
5.	<u>1607 Dora SI.</u> <u>Boise</u> Idaho <u>83702</u> Name and address for this acknowledgmen	nt	Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West	
	COPY IS (if other than # 4 above):	Revision 1/98	PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE	
Signati Printec Capac	Name: Steve Glines	g.tcorptforms\abn.p65 Revisi	12/14/1999 09:00 CK: 878 CT: 124944 BH: 273523 18 28.08 = 20.08 ASSUM NAME # 2 D 31444	