CERTIFICATE OF ASSUMED (Please type or print legibly. See instru	BUSINESS NAME (Citions on reverse.)
To the SECRETARY OF STATE, STATE OF IDAHO  Pursuant to Section 53-504, Idaho Code, the undersigned  gives notice of adoption of an Assumed Business Name.	
1. The assumed business name which the undersigned use(s) in the transaction of business is:  DREAMACHINE SATERIAL FORMS	
The true name(s) and business address(     business under the assumed business na     Name	es) of the entity or individual(s) doing ame is/are: <u>Complete Address</u>
Randy A Phillips	271 State St POBOX407 Hagerman ID 83332
3. The general type of business transacted under the assumed business name is:  (mark only those that apply)  Retail Trade  Manufacturing  Transportation and Public Utilities  Wholesale Trade  Agriculture  Finance, Insurance, and Real Estate	
Services Construction Mining  4. The name and address to which future Phone number (optional) (208) 837-4688 correspondence should be addressed:	
Hagerman ID 83332	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State
5. Name and address for this acknowledge copy is (if other than # 4 above):  Dreamachines	PO Box 83720 Boise ID 83720-0080 208 334-2301
Body & Paint	Secretary of State use only Secretary of State use only S9/14/1998 89:88 CX: HE CX # CT: 183928 BH: 144786  1 8 20.08 = 20.00 ASSEM NAME
Signature: Nawoy N Hallings  Printed Name: RANDY A. PHILIPS  Capacity: OWNER	\$ 0 \8203
/see instruction # 8 on back of form)	A COMPANY OF THE PROPERTY OF T