	CERTIFICATE OF ASSU (Please type or print legibly.	MED BUS	SINESS NAME (E)
To the SECRETARY OF STATE, STATE OF IDAHO  Pursuant to Section 53-504, Idaho Code, the undersigned? 9 27 M '98  gives notice of adoption of an Assumed Business Name.			
1.	1. The assumed business name which the undersigned use(s) in the transaction of ATE business is:  2 HAWK		
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:      Oncome to the second seco			
	PATRICIA A. MEYER	P.O. Box	mplete Address
			1D E3634
3.	3. The general type of business transacted under the assumed business name is:  (mark only those that apply)		
Retail Trade			ance, Insurance, and Real Estate
4.	The name and address to which future Phone number (optional): 467-6783		
	2 HAWK		Submit Certificate of
	P.O. Box 511		Assumed Business Name and \$20.00 fee to:
	Name and address for this acknowledgme copy is (if other than # 4 above):	ent	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
			Secretary of State use only
		8	IDAHO SECRETARY OF STATE
Signature: Patricia li. Meyer.		1	04/02/1998 09:00 CK: 7488 CT: 36743 BH: 97185
Signature: Patricia L. Meyer  Printed Name: PATRICIA A. MEYER		\$6 	1 0 20.00 = 20.00 ASSUM HAME
Capacity: PRESIDENT 13594			
	(see instruction # 8 on back of form)	<b>.</b>	フレンデー

(see instruction # 8 on back of form)