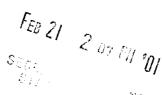


CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name



Submits for filling a certificate of Assumed Bi	usiness Name.
Please type or print legibly.	
NOTE: See instructions on reverse befo	re filing.
The assumed business name which the under business is:	dersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name Name I homas	of the entity or individual(s) doing : Complete Address 2250 White Pine R. Boise Id 83700
3. The general type of business transacted und	der the assumed business name is:
	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
	IDAHO SECRETARY OF STATE 102/22/2001 09:00
Signature: Slan Comas	EK: CASH CT: 142583 BH: 386547
Printed Name: DEAN Thomas	### ##################################
Capacity: <u>//wneR</u>	11 NUL 2G32
(see instruction # 8 on back of form)	1"