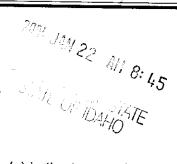


Prisident (see instruction # 8 on back of form)

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.



IDAHO SECRETARY OF STATE 01/22/2004 05:00 CK: 693 CT: 158010 BH: 723071 1 0 25.00 = 25.00 ASSUM MANE #

25.00 ASSUM NAME # 2

1. The assumed business name which the undersigned use(s) in the transaction of business is:	
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Patricia S Crear 762 High Road 83864	F 0
3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction	
Services Agriculture Submit Certificate of Assumed Business Finance, Insurance, and Real Estate Name and \$25.00 fee to:	
4. The name and address to which future correspondence should be addressed: Patricia S. Orear The name and address to which future secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 Sandpoint FD 83864	
5. Name and address for this acknowledgment Phone number (optional): copy is (if other than # 4 above):	
Secretary of State use only	
gnature: Patricia S. Orear inted Name: Patricia S. Orear apacity/Title: Priscialant (Signature required) Apacity/Title: Priscialant (Signature required) (Signature required	
ipano secretary of state apacity/Title:	