CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions 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.	
The true name(s) and business address business under the assumed business	s(es) of the entity or individual(s) doing name is/are:
Name STEUELL NAME	Complete Address
STEVEN D. BARBER	510 JACKSON AVE P.O. BOX 1123
ę	PRIESTRIVER ID. 83856
 The general type of business transacted (mark only those that apply) 	d under the assumed business name is:
☐ Retail Trade ☐ Manufactu ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Constructi	e Finance, Insurance, and Real Estate
 The name and address to which future correspondence should be addressed: 	Phone number (optional): 208 448 2906
STEVEN D. BARBER	Submit Certificate of
P.O. BOX 1123	Assumed Business
PRIEST RIVER, IN 83856	Name and \$20.00 fee to:
7 RECS ALLEY IB 8383 6	- Secretary of State
 Name and address for this acknowledgr copy is (if other than # 4 above). 	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Spaniasechenhe desente
Signature:	01/07/1998 09:00 CK: 3845 CT: 92176 BH: 78495 1 E 28.88 = 28.88 ASSUM MAME
Printed Name: STEVEND BARBER	D/0489
Capacity: OWHER	ms/ebn.p65

(see instruction # 8 on back of form)