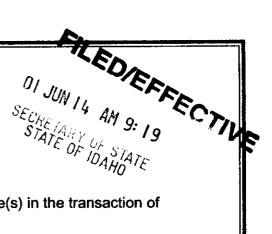


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



1. The assumed business name which the und business is:		
The true name(s) and <u>business</u> address(es) business under the assumed business name		ntity or individual(s) doing
Name		Complete Address
Scott J. Williams 18		Craun Loop
	Priest Lake ID	
	··· · · · · · · · · · · · · · · · · ·	83856
3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction		
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate		Submit Certificate of Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed:		Secretary of State 700 West Jefferson Basement West
Scott Williams		PO Box 83720
485 5. mlow rol. Dordman, ID 83848		Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgme copy is (if other than # 4 above):	nt	Phone number (optional):
COPY TO (II outer than # 4 above).		208-443-7008
		Secretary of State use only
Signature: Affall.	g-koupkkrmistehn formalabn.p85 Ravised 01/2001	IDAHO SECRETARY OF STATE
Printed Name: Scott Williams	Kormskabn forma Revised 01/2001	06/14/2001 09:00 CK: 1885 CT: 147685 BH: 482882
Capacity: Dwner	Corpylor	1 @ 28.00 = 28.00 ASSUM NAME # 2
(see instruction # 8 on back of form)	15	

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