RETURN TO: ZIONS BANK

BOX 59, Bonners Ferry, ID 83805

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CERTIFICA	TE OF	ASSUMED	<b>BUSINESS N</b>	AME	INE

	CERTIFICATE OF ASSU	MED BOSINESS NAME				
	the SECRETARY OF STATE, STATE OF Pursuant to Section 53-504, Idaho Cod option of an Assumed Business Name.					
The assumed business name which the undersigned use(s) in the transaction of business is:						
	Cors; Enter pri	<u> </u>				
<ol><li>The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:</li></ol>						
	Kunytor Tami Corsi	P.O. BON 2 NAPLA IDAMO				
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3.	The general type of business transacted un	3, 0				
	See categories on the reverse					
4. The name and address to which correspondence should be addressed:						
P.O. Bon 2 sthale Timbo 83847						
Signed Jerree and						
Capacity owner						
	Submit Certificate of Assumed Business Name and \$20:00 fee to:	Customer#				
	Secretary of State 700 West Jefferson	Secretary of State use only  S  IDANO SECRETARY OF STATE				
	PO Box 83720 Boise ID 83720-0080	CX: 138613818 CT: 158818 BH: 683321				
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-		D 65844				