CONMIT	
CERTIFICATE OF ASSUMED BUSINESS NAME  (Please type or print legibly. See instructions on reverse.)  (Please type or print legibly. See instructions on reverse.)  To the SECRETARY OF STATE, STATE OF IDAHO  To the Secretary 53-504, Idaho Code, the underside of the state of the secretary of the se	
Pursuant to Section of an Assumed Business Name English	
The assumed business name which the undersigned use(s) in the	
Green Tree Traitors	
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:  Complete Address  Ldako Falss	
2. The true name(s) and success name is/are:  business under the assumed business name is/are:  Complete Address  Name	
Briggs - Simmon's LTd. 796 MEMORIAL Dr. Idaho Falls  Nil H M. Briggs 796 MEMORIAL Dr. Idaho Falls  Toy N. Simmon's 796 MEMORIAL Dr. Idaho Falls	
Joy N. Simmo NS 796 MEMORIAL DE 1883402	
3. The general type of business transacted under the assumed business	
Retail Trade	
4. The name and address to which future Phone number (optional):  4. The name and address to which future Phone number (optional):	
Tree TealTors	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
Taho Falls, Taho 83402	Secretary of State 700 West Jefferson
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ol>	Basement West PO Box 83720 Boise ID 83720-0080
COPY IC (III COPY)	208 334-2301
	Secretary of State use only
Revision 2/97	IDAHO SECRETARY OF STATE DATE 05/19/1997 0900 93810 2
Signature: Simmons & Simmo	CK 4: 5549 CUST# 81610 ASSUM NAME 18 20.00= 20.00
Capacity: Designated REBroker (see instruction # 8 on back of form)	#: <b>D</b> 4599
5-15-97	