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 UN 26 PM 4: 22 20 20 20 20 20 20 20 20 20 20 20 20				
1.	The assumed business name which the undersigned use(s) file the frame application of business is:			
2	2. The true name(s) and business address(es) of the entity or individual(s) doing			
۷.	business under the assumed business name is/are:			
	<u>Name</u>	Complete Address		
	CAROLIN KODINSON F	404 5.87 Street. Suite 154 Boise.ID 83702		
		cot Bick	mell Avenue	
3.	The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining			
4.	4. The name and address to which future Phone number (optional) 208 395 - 1000 correspondence should be addressed:			
	CAROLYN ROBINSION 404 5.87 Street Suite 154		Submit Certificate of Assumed Business	
	0		Name and \$20.00 fee to:	
	BOISE ID 83702		Secretary of State 700 West Jefferson	
5.	Name and address for this acknowledgmer copy is (if other than # 4 above):	nt	Basement West PO Box 83720	
			Boise ID 83720-0080 208 334-2301	
	SAME AS ABOUT		Secretary of State use only	
Signati	Name: CAROLYN Pob, NOW	m6 Revision 2/97	IDANO SECRETARY OF STATE DATE 06/27/1997 0900 106125 2 CK #: 105 CLIST# 83564 ASSUM NAME 10 20.00= 20.00	
Capacity: GENERAL PARTNER				
~ 	(see instruction # 8 on back of form)	g konpYormskabn. pm6	#: в 5858	