CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO JUN 19 | 54 PN 100

Pursuant to Section 53-504, I gives notice of adoption of ar	
1. The assumed business name which the business is:	T TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. The true name(s) and business address business under the assumed business recommendation to the same and t	` '
3. The general type of business transacted (mark only those that apply)	
Retail Trade Manufactu Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed:	Phone number (optional): 208 484 - 3796
PMB 209	Submit Certificate of Assumed Business Name and \$20.00 fee to:
BOISE ID 83705-5680 5. Name and address for this acknowledged copy is (if other than #4 above):	Secretary of State 700 West Jefferson
	Secretary of State use only SECRETARY OF STATE
Signature: Kais Elstan	O6/20/2000 09:00 CK: 825 CT: 132595 BH: 327657 1 8 20.00 = 20.00 ASSUM NAME # 2
Printed Name: Kris Elston Capacity: Partner (see instruction # 8 on back of form)	D 3 6757