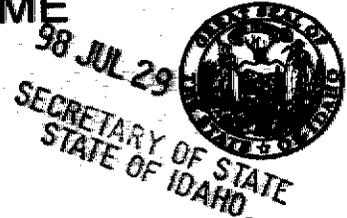


FILED

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
gives notice of adoption of an Assumed Business Name.



1. The assumed business name which the undersigned use(s) in the transaction of business is:

CIRCLE R SYSTEMS

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
<u>Robert G OSBORN</u>	<u>516 8th Ave. So. NAMPA ID 83651</u>
<u>Angela R OSBORN</u>	<u>(SAME)</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services | <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed:

CIRCLE R SYSTEMS
516 8th Avenue So.
NAMPA ID 83651

Phone number (optional): (208) 467 9650

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Signature: Robert G. Osborn

Printed Name: Robert G OSBORN

Capacity: Owner

(see instruction # 8 on back of form)

DAVID SECRETARY OF STATE

07/29/1998 09:00
CX: 5464 CT: 102078 DN: 132043

1 @ 20.00 = 20.00 ASSUM NAME

D17080

Revision 2/97

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