CEF	RTIFICATE OF ASSUMED B (Please type or print legibly. See instruc	USINESS	S NAME
	the SECRETARY OF STATE, STATE OF I Pursuant to Section 53-504, Idaho Code	DAHO e, the undersi	gned8 OCT - 1 AM
1.	The assumed business name which the undersigned use(s) in the transaction of business is:		
	STRIKE ZONE		
2.	The true name(s) and business address(es) of the entity or individual(s) doing ousiness under the assumed business name is/are:		
	<u>Name</u>	Cor	nplete Address
	EMERALD 300, INC. 48	60 EMERALD S	TREET, BOISE, ID 83706-2007
	The general type of business transacted under the assumed business name is:  (mark only those that apply)    X		
5.	EMERALD 300, INC.  4860 EMERALD STREET  BOISE, ID 83706-2007  Name and address for this acknowledgment copy is (if other than # 4 above):	nt	Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720
	P O BOX 2059		Boise ID 83720-0080 208 334-2301
	COEUR D'ALENE, 1040 83815	2	Secretary of State use only  IDANO SECRETARY OF STATE
ignatu	INE:	Revision 2/87	16/01/1998 09:80 K: 33396 CT: 162967 BH: 150117
_	Name: BRUCE KORSTAD	   <sub>2</sub>	1 8 28.88 = 28.88 ASSUM HAME # 2
Capacity: PRESIDENT See instruction # 8 on back of form)			
rapaoi	(see instruction # 8 on back of form)	wond.	