(1 5 P)	
CERTIFICATE OF ASS (Please type or print legibly	UMED BUSINESS NAME See Instructions on reverse
To the SECRETARY OF STATE, So Pursuant to Section 53-504, I gives notice of adoption of an 1. The assumed business name which the business is:	daho Code, the undersigned
The true name(s) and business address(business under the assumed business name	arre is/are:
USAG Foremny	PO BOX 2426 MCCAILID83638
3. The general type of business transacted to (mark only those that apply)	inder the assumed business name is:
Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4. The name and address to which future F correspondence should be addressed:	Phone number (optional) 208-347-3175
MCCAII Id 83638	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State

Signature: Printed Name:

Capacity:

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

02/12/2001 09:00 CX: 450 CT: 142129 DH: 378323

1 8 20.00 = 28.00 ASSUM NAME # 2

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