FILED EFFECTIVE



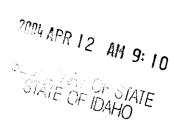
CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)



1. The assumed business name which the undersign business is: UCKI FAMTIME	ned use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name: Name VILNIS NIKOLAISONS P.C.	Complete Address
3. The general type of business transacted under the Retail Trade Transportation and I Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: LUCKI PAINTING P.O. BOX 73 X SUN VALUE I D & 3355 5. Name and address for this acknowledgment copy is (if other than # 4 above):	
	Secretary of State use only
Signature: U. W. Kolensons (signature required) Printed Name: VILNIS NIKOLAISONS Canacity/Title: OWNER	10AHO SECRETARY OF STATE 94/12/2004 05:00
Printed Name: VILNIS NIKOLAISONS Capacity/Title: OWNER	IDAHO SECRETARY OF STATE 94/12/2004 05:00 CK: 508 CT: 15800 BH: 738547