CERTIFICATE OF SSUMED (Please type or print legibly. See inst	BUSINESS JAME
To the SECRETARY OF STATE, STATE Consumption of an Assum	code, the undersigned
The assumed business name which the business is:	undersigned use(s) in the transaction of
PLEASURE TURF	
The true name(s) and business address business under the assumed business n	(es) of the entity or individual(s) doing ame is/are:
<u>Name</u> L. DARWIN MCKAY	Complete Address 25 HORIZION DRIVE BOISE ID 83702
3. The general type of business transacted (mark only those that apply)	under the assumed business name is:
Retail Trade Manufacturi Wholesale Trade X Agriculture Services Construction	Finance, Insurance, and Real Estate
The name and address to which future correspondence should be addressed:	Phone number (optional): 208-866-1941
±7_	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgme 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
	Setimior secretary use state
Signature: R. Nousen Mekon	09/22/2000 09:00 CK: 5177 CT: 24865 BH: 358118
Printed Name: L. OARWIN MCKAY	1 6 Carag = 58'98 N2274 NUME # 5
Capacity:(see instruction # 8 on back of form)	D 39191