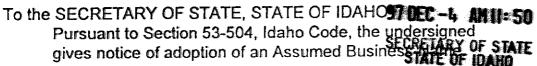
CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)





	gives monde of adoption of all resumes		STATE UP IDAHO
1.	The assumed business name which the unc	dersigne	d use(s) in the transaction of
	business is:		
	Palmer's East River Wede	ls	FILED'
	laimers East Niver Wear	ungs	
	•		
2.	The true name(s) and business address(es) of the entity or individual(s) doing		
	business under the assumed business nam	e is/are:	
	<u>Name</u>		Complete Address
	L. Faith Palmer	11281	N. 5 W Idahofall Id 8340,
	- 01		
	Michael J. Palmer		<i>E</i> 1
	•		· '
2	The general type of husiness transacted up	der the	assumed husiness name is:
٥.	3. The general type of business transacted under the assumed business name is: (mark only those that apply)		
	() () () () () () () () () ()		
	Retail Trade Manufacturing		Transportation and Public Utilities
	=	' <u> </u>	Finance, Insurance, and Real Estate
	Wholesale Trade Agriculture		
	Services Construction		Mining
4.	The name and address to which future		•
	correspondence should be addressed:		Submit Certificate of
	L. Faith or Michael J. Palmer		Assumed Business
	<u>.</u>		Name and \$20.00 fee to:
	1/28/ N 5th W		Name and \$20.00 fee to.
			Secretary of State
	Idaho falls Id 83401		700 West Jefferson
			Basement West
5.	Name and address for this acknowledgmen	t	PO Box 83720
	CODY is (if other than # 4 above).		I
	55Py 15 (4 5 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5		Boise ID 83720-0080
			208 334-2301
	, •		
			Secretary of State use only
		75/	LDAHO SECRETARY OF STATE
	0.	Revision 2/97	12/04/1997 09:00 CK: 2961 CT: 98676 BH: 68785
• • .	no o o o Wh	Rev	179
ignature: Michael J. Valmen			1 0 20.00 = 20.00 ASSUM HAME
rintad	Name: Michael J. Palmer	98	
			D10246
Capacity: Co-Owner			
	(see instruction # 8 on back of form)	korptorms\abn pm6	
		3	