## CERTIFICATE OF ASSUMED BUSINESS NAMEFILED

	the SECRETARY Pursuant to Se option of an Assun	OF STATE, STATE O ection 53-504, Idaho Coned Business Name.	F IDAF ode, th	lO e undersi	98 FEE gned gives notice of	TARY OF STATE
1.	The assumed business name which the undersigned use(s) in the transaction of business is:					
	EMPOWER					
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:					
	<u>Name</u>		<u>Address</u>			
	Juli H.	MEAD	516	TEWA	POCATELLO JD	83204
	STEPHEN P.	MEAD	516	TEWA	POCATELLO ID	83204
4.	SERVICES  See categories on the reverse  The name and address to which correspondence should be addressed:  En)PowER					
	516 TEWA	POCATELLO	0 ID 83709			
	Signed Juli A. Weak  By 2/16/98					
	Capacity Charac					
	Submit Certificate of Assumed Business Name and \$20.00 fee to:  Secretary of State 700 West Jefferson			Customer#  \$6\$18 ary 81 \$131 e us 8 201 y 104H0 SECRETARY OF STATE  82/20/1998 89:80 CK: 6871 CT: 94534 BH: 83746		
	PO Box 83720		l nč		1 9 00 00 00 00 00	SHE HARP

Boise ID 83720-0080

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